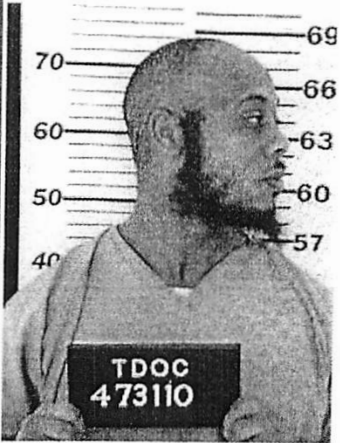


Detail	Offenses	Images	Release	Maint
Tennessee Offender FaceSheet				
TOMIS ID: 00473110 Name: PLEASANT-BEY , BOAZ				
(Multiple Supervision Levels) Lifetime Supervision				
Height: 05'07"		Weight: 170 lbs	Sex: MALE	Eye Color: BROWN
Hair Color: BLACK		Race: BLACK		
Complexion: MEDIUM		Birth Date: 06/18/1983	Age: 31	
Citizenship:		Incompatible Inmates: N		
Sex Offender: Y	Escape History: N	Detainers: Y	Pending Charges: N	
Sentence Effective: 02/08/2007		Current Location: NECX		
Sentence Expires: 08/08/2030		Custody Level: MEDIUM		
Release Eligibility:		Number of Convictions: 1		
Safety Valve Date:		Max Sentence: 23 YRS 6 MTHS 0 D.		
Offenses: RAPE OF A CHILD				
(For more details, click on the "Offenses" tab above)				
State ID#: 02449051		FBI #: 569160PC5		
Social Security Number (Provided by offender - not verified): 213-04-6373				
Alias: BOAZ PLEASANT-BEY				
Emergency Notification:				
ELIHU PLEASANT-BEY				
542 EAST 5TH AVENUE				
KENBRIDGE VA 23944				
Relationship: FATHER				



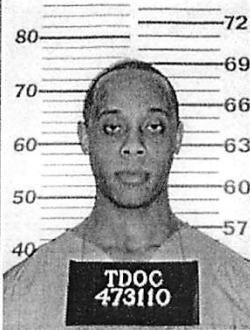
FRONTAL IMAGE
(submitted 01/16/2015)



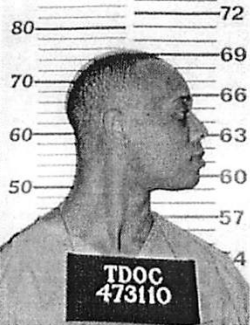
PROFILE IMAGE
(submitted 01/16/2015)

CR-1391 (Rev. 2/04)

Detail	Offenses	Images	Release	Maint	Search	List
Tennessee Offender FaceSheet						
TOMIS ID: 00473110 Name: PLEASANT-BEY , BOAZ						
(Multiple Supervision Levels) Lifetime Supervision						
Height: 05'07" Weight: 170 lbs Sex: MALE Eye Color: BROWN						
Hair Color: BLACK Race: BLACK						
Complexion: MEDIUM Birth Date: 06/18/1983 Age: 27						
Citizenship: Incompatible Inmates: N						
Sex Offender: Y Escape History: N Detainers: Y Pending Charges: N						
Sentence Effective: Current Location: WTSP						
Sentence Expires: Custody Level:						
Release Eligibility: Number of Convictions: 1						
Safety Valve Date: Max Sentence: 23 YRS 6 MTHS 0 DAYS						
Offenses: RAPE OF A CHILD						
(For more details, click on the "Offenses" tab above)						
State ID#: 02449051 FBI #: 569160PC5 NCIC #:						
Social Security Number (Provided by offender - not verified): 213-04-6373						
Alias: BOAZ PLEASANT-BEY						
Emergency Notification:						
JOSHUALANEL PLEASANT-BEY						
627 WEST BATTLE ST						
TALLADEGA TN 35160						
Relationship: SISTER						



FRONTAL IMAGE
(submitted 02/18/2011)



PROFILE IMAGE
(submitted 02/18/2011)

CR-1391 (Rev. 2/04)



TENNESSEE DEPARTMENT OF CORRECTIONS
CONTACT VISITATION WITH MINORS AGREEMENT

AD/10
IB27

HCCF
INSTITUTION

I, Pleasant-Vey, Craig TDOC# 473110 agree to the
Offender Name following rules of conduct during visits with children under the age of 18:

- (1) Absolutely no visitation with the victim(s) or alleged victim(s) of my crimes of conviction without documented approval by the institution's mental health authority, and Warden
- (2) Physical contact with a child is limited to an appropriate initial greeting and parting goodbye gesture. For example, an appropriate hug or kiss on the cheek.
- (3) No prolonged handling or touching of the child is allowed.
- (4) No kissing of the child on the mouth.
- (5) No sitting of the child on the lap.
- (6) No contact with a child of other visitors.
- (7) No whispering, passing notes, swearing, spanking, hitting, or threatening is allowed.
- (8) All child visitors must be in direct sight of visitation security staff at all times.
- (9) No changing diapers or other assistance in personal hygiene or intimate dressing activity.
- (10) The parent/guardian is responsible for managing the behavior of the child.
- (11) All directions given by visitation security staff, and the rules of this agreement, must be followed by inmate visitor without disagreement at the time of visitation or in the presence of the child.
- (12) Any specific visit, as well as my privilege to have contact visits with a child under the age of 18, may be terminated if any of the above guidelines are violated; or if the visiting child, or caretaker is unduly distressed from the visit.

[Signature]

Offender Signature

Custodial Parent or Legal Guardian
of Visitor Under 18 Years of Age

[Signature]

Witness & Job Title

30 March '11

Date



TENNESSEE DEPARTMENT OF CORRECTIONS
CONTACT VISITATION WITH MINORS AGREEMENT

HCCF

INSTITUTION

I, Boaz Pleasant Bey TDOC# 473110 agree to the
Offender Name

following rules of conduct during visits with children under the age of 18:

- (1) Absolutely no visitation with the victim(s) or alleged victim(s) of my crimes of conviction without documented approval by the institution's mental health authority, and Warden
- (2) Physical contact with a child is limited to an appropriate initial greeting and parting goodbye gesture. For example, an appropriate hug or kiss on the cheek.
- (3) No prolonged handling or touching of the child is allowed.
- (4) No kissing of the child on the mouth.
- (5) No sitting of the child on the lap.
- (6) No contact with a child of other visitors.
- (7) No whispering, passing notes, swearing, spanking, hitting, or threatening, or use of foreign language or other words unfamiliar to visitation security staff.
- (8) All child visitors must be in direct sight of visitation security staff at all times.
- (9) No changing diapers or other assistance in personal hygiene or intimate dressing activity.
- (10) The parent/guardian is responsible for managing the behavior of the child.
- (11) All directions given by visitation security staff, and the rules of this agreement, must be followed by inmate visitor without disagreement at the time of visitation or in the presence of the child.
- (12) Any specific visit, as well as my privilege to have contact visits with a child under the age of 18, may be terminated if any of the above guidelines are violated; or if the visiting child, or caretaker is unduly distressed from the visit.

Boaz Pleasant Bey
Offender Signature

Custodial Parent or Legal Guardian
of Visitor Under 18 Years of Age

Cm Janella Walker
Witness & Job Title

3-22-11
Date

KELLSP02

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 02/ 2011
TIME: 04:27 PM

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: WEST TENNESSEE STATE PENITENTIARY

Classification Type: CLASSIFICATION CAF Date: 02/24/2011
Status at time of Hearing: Gen.Pop. ☒ AS ☐ PC ☐ Other Initial
Incompatibles: Yes ☐ No ☒ Inmate agrees to waive 48 hr. hearing notice: ☐
Scored CAF Range: MEDIUM Current Custody Level:

Panel's Majority Recommendation:

Facility Assignment: HCCF Transfer: Yes ☒ No ☐ Explain Below:
Custody Level: MED
Override Type: _____

Justification, Program Recommendations, and Summary:

Recommend

Class A Medical

Updated Photo Needed: Yes ☐ No ☒

Offender Signature: [Signature] Appeal: Yes ☐ No ☒
If Yes, provide appeal & copy to Inmate

Panel Member Signatures:

Date: 2/28/11

[Signature] Chairperson [Signature] Security Member [Signature] Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

[Signature] Signature 3/1/11 Date Approve ☒ Deny ☐

If denied, reasons include: _____

KELLSH02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/24/2011
TIME: 16:27:29
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: WEST TENNESSEE STATE PENITENTIARY
COUNSELOR: KELLEY, SHAKERA
CAF DATE: 02/24/2011

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5	

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----
YES	3	SCORE

SEVERITY OF CURRENT OFFENSE

LOW	0	-----
MODERATE	1	SCORE
HIGH	3	
HIGHEST	4	

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	-----
MODERATE	1	SCORE
HIGH	3	
HIGHEST	4	

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.	4	
MAXIMUM 15 OR MORE.		

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	-----
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1	
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5	
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7	

KELLSH02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/01/11
TIME: 16:22.29
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: WEST TENNESSEE STATE PENITENTIARY
COUNSELOR: KELLEY, SHAKERA
CAF DATE: 02/24/2011

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	-----
NONE IN LAST 12 MONTHS	- 2	SCORE
NONE IN LAST 6 MONTHS	- 1	
NEW ADMISSION/PAROLE VIOLATOR	0	
ONE IN LAST 6 MONTHS	1	
TWO OR MORE IN LAST 6 MONTHS	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	2	-----
CLASS B	5	SCORE
CLASS A	7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	3	-----
FELONY	5	SCORE

Rape of child - court 3/8/11

PRIOR FELONY CONVICTIONS

ONE	2	-----
TWO OR MORE	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

3

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE 17 OR MORE.
MEDIUM 7-16.
MINIMUM 6 OR LESS.

CAF CUSTODY LEVEL: MEDIUM

Rape of a Child

7

KELLSH02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION HEARING NOTICE

DATE: 02/24/2011
TIME: 04:21 PM

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
CAF Date: 02/24/2011

This is to inform you that your classification hearing will be held
on 02/28/2011 at WEST TENNESSEE STATE PENITENTIARY

X 

Classification Date:
Classification Type: CL CLASSIFICATION



TENNESSEE DEPARTMENT OF CORRECTION
INMATE ADMISSION ASSESSMENT

COUNTY: SHELBY COUNTY

DATE OF ADMISSION: 2/17/2011

INMATE NAME: BOAZ PLESANT-BEY

TOMIS ID: 473110

DOB: 06/18/1983

SECTION A (TO BE COMPLETED BY JAIL PERSONNEL)

1. This inmate was housed at this facility from 02/08/2007 to PRESENT
2. While at this facility, this inmate was housed in a: Single cell ☐ Double cell ☒
Other (Explain): _____
3. While at this facility, was this inmate a perpetrator or victim of violence/Rape, or did he/she pose a threat to self or others? Yes ☐ No ☐ If yes, please explain and attach any Incident/Disciplinary reports:
SEE PAPERWORK
4. Does this inmate have inmates with whom he/she is incompatible or testified against?
Yes ☐ No ☐ If yes, please provide name(s): SEE PAPERWORK
5. Did this inmate escape or attempt to escape? Yes ☐ No ☐ If yes, please explain and attach any Incident/Disciplinary reports: SEE PAPERWORK
6. While at this facility, was this inmate suspected of drug use/Trafficking? Yes ☐ No ☐ If yes, please provide details:
SEE PAPERWORK
7. Does this inmate have any violent charges on record/Pending? Yes ☐ No ☐ If Yes please list them:
SEE PAPERWORK
8. Please list any known medical or mental health problems: N/A
9. Does this inmate smoke? Yes ☐ No ☒
10. Is this inmate suspected of or confirmed to be a member of any gang/STG? Yes ☐ No ☐ If yes, please list the name of the gang/STG: SEE PAPERWORK
11. Please list any reason this inmate should not be placed in a double cell: N/A

NAME OF COUNTY JAIL PERSONNEL PROVIDING INFORMATION: [Signature]

SECTION B (TO BE COMPLETED BY TDOC PERSONNEL)			
THE FOLLOWING HAVE BEEN COMPLETED/RECEIVED			
CUSTODY ASSESSMENT FORM	<input checked="" type="checkbox"/>	NCIC REPORT	<input checked="" type="checkbox"/>
PRIOR TDOC FILE	<input type="checkbox"/>	PSI	<input type="checkbox"/>
LOCAL ARREST RECORD	<input type="checkbox"/>	FBI RECORD	<input type="checkbox"/>
THIS INMATE WILL BE HOUSED IN A (check one): SINGLE CELL <input type="checkbox"/> DOUBLE CELL <input checked="" type="checkbox"/>			
<u>[Signature]</u> WARDEN'S DESIGNEE		<u>2/17/11</u> DATE	

THIS FORM IS TO ACCOMPANY EACH INMATE ADMITTED FROM TENNESSEE COUNTY JAILS

FR.TNCHR0000
 06:16 02/17/11 03988
 06:16 02/17/11 00008 TN049035C
 TXT

***** CRIMINAL HISTORY RECORD *****

DATA AS OF 2011-02-17

***** INTRODUCTION *****

THIS RAP SHEET WAS PRODUCED IN RESPONSE TO THE FOLLOWING REQUEST:

STATE ID NUMBER TN2449051 (TBI)
 PURPOSE CODE C
 ATTENTION RHONDA MCCONNELL

THE INFORMATION IN THIS RAP SHEET IS SUBJECT TO THE FOLLOWING CAVEATS:

THIS RECORD IS BASED ONLY ON THE SID OR FBI NUMBER IN YOUR REQUEST (TN2449051) BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE. USE OF THE FOLLOWING RECORD IS REGULATED BY LAW. IT IS FURNISHED FOR OFFICIAL USE ONLY AND SHOULD ONLY BE USED FOR THE PURPOSE REQUESTED. WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED THE FINGERPRINTS. (TBI; 2005-06-28)

***** IDENTIFICATION *****

SUBJECT NAME(S)

PLESANT-BEY, BOAZ

SUBJECT DESCRIPTION

FBI NUMBER 569160PC5
 STATE ID NUMBER 2449051 (TN)

SEX	RACE	SKIN TONE
MALE	BLACK	UNKNOWN
HEIGHT	WEIGHT	DATE OF BIRTH
5'07"	170	1983-06-18
HAIR COLOR	EYE COLOR	
BLACK	BROWN	

PLACE OF BIRTH
 TN

***** CRIMINAL HISTORY *****

```
===== CYCLE 001 =====
TRACKING NUMBER      790007104623
EARLIEST EVENT DATE  2007-02-08 INCIDENT DATE      2007-02-08
-----
ARREST DATE          2007-02-08
ARRESTING AGENCY     TN0790000 SHELBY COUNTY SO
SUBJECT'S NAME       BOAZ PLESANT-BEY
OFFENDER ID NUMBER   2449051
CHARGE NUMBER        103616303
CHARGE TRACKING NUMBER 790007104623
CHARGE LITERAL       RAPE OF A CHILD
COUNTS              1
SEVERITY              UNKNOWN
-----
COURT DISPOSITION    (CYCLE 001)
COURT CASE NUMBER    0710462301
COURT AGENCY         TN0790000 SHELBY COUNTY SO
SUBJECT'S NAME       BOAZ PLESANT-BEY
CHARGE               1
CHARGE NUMBER        07104623
CHARGE TRACKING NUMBER 790007104623
CHARGE LITERAL       INDECENT EXPOSURE
CHARGE DESCRIPTION   MISDEMEANOR
COUNTS              1
```

SEVERITY MISDEMEANOR
DISPOSITION

(NOLLE PROSEQUI 2011-02-04; NOLLE PROSEQUI,
RECEIVED 00 MTHS, 000 DAYS, SUSPENDED 00 MTHS,
000 DAYS, FINE \$000000, COST \$000000, PAID
\$000000)

***** INDEX OF AGENCIES *****

AGENCY SHELBY COUNTY SO; TN0790000;

* * * END OF RECORD * * *

QWI.TNNCIC000
06:17 02/17/11 07459
06:17 02/17/11 00011 TN049035C
TXT

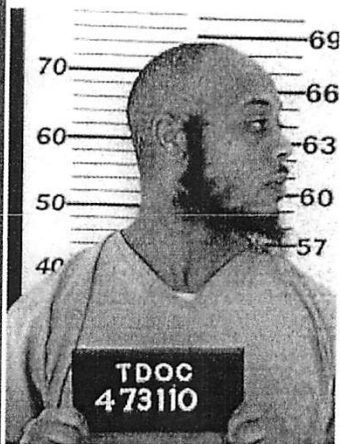
TN049035C

NO NCIC WANT NAM/PLEASANT-BEY,BOAZ DOB/19830618 RAC/B SEX/M
***MESSAGE KEY QWI SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

Detail	Offenses	Images	Release	Maint
Tennessee Offender FaceSheet				
TOMIS ID: 00473110 Name: PLEASANT-BEY , BOAZ				
(Multiple Supervision Levels) Lifetime Supervision				
Height: 05'07"		Weight: 170 lbs		Sex: MALE Eye Color: BROWN
Hair Color: BLACK		Race: BLACK		
Complexion: MEDIUM		Birth Date: 06/18/1983		Age: 31
Citizenship:		Incompatible Inmates: N		
Sex Offender: Y	Escape History: N	Detainers: Y	Pending Charges: N	
Sentence Effective: 02/08/2007		Current Location: NECX		
Sentence Expires: 08/08/2030		Custody Level: MEDIUM		
Release Eligibility:		Number of Convictions: 1		
Safety Valve Date:		Max Sentence: 23 YRS 6 MTHS 0 D.		
Offenses: RAPE OF A CHILD				
(For more details, click on the "Offenses" tab above)				
State ID#: 02449051		FBI #: 569160PC5		
Social Security Number (Provided by offender - not verified): 213-04-6373				
Alias: BOAZ PLEASANT-BEY				
<u>Emergency Notification:</u>				
ELIHU PLEASANT-BEY				
542 EAST 5TH AVENUE				
KENBRIDGE VA 23944				
Relationship: FATHER				



FRONTAL IMAGE
(submitted 01/16/2015)



PROFILE IMAGE
(submitted 01/16/2015)

CR-1391 (Rev. 2/04)

LEAVE BLANK
490350029808

CRIMINAL

(STAPLE HERE)

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

ATE USAGE

LAST NAME, FIRST NAME, M

BEY, BOAZ

3. NATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.
213-04-6373

LEAVE BLANK

1. NAMES/MAIDEN

2. LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

3. FBI NO. 569160PC5

STATE IDENTIFICATION NO.

DATE OF BIRTH MM DD YY
10/18/1983

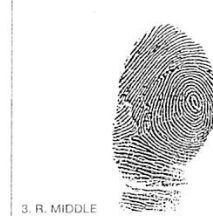
SEX
M



1. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. THUMB
PT 50X50G4 3000N



6. L. INDEX
13:49:33



7. L. MIDDLE



8. L. RING
LXMRK



9. LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



10. RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

CCI 000014

**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARK COUNTY, TN**

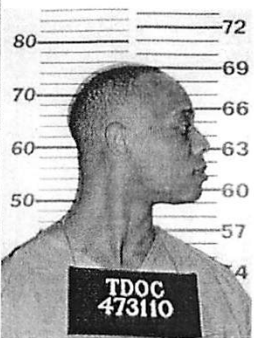
PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE INFORMATION IS DISCLOSED THAT SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE.

JUVENILE FINGERPRINT		DATE OF ARREST MM DD YY 02/17/2011	ORI CONTRIBUTOR ADDRESS REPLY DESIRED? <input checked="" type="checkbox"/>
SUBMISSION YES <input type="checkbox"/>			TN049035C TN049035C WISCONSIN HENNING, TN
TREAT AS ADULT YES <input checked="" type="checkbox"/>			
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE MM DD YY 07/16/2005	PLACE OF BIRTH (STATE OR COL MD
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS	
		RESIDENCE/COMPLETE ADDRESS	
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)		LOCAL IDENTIFICATION/REFERENCE	
EDWARDS		473110	
EMPLOYER IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.			OCCUR
CHARGE/CITATION RAPE OF CHILD			DISPO: 1. 23
			2
			3
ADDITIONAL			ADDITIONAL
ADDITIONAL INFORMATION/BASIS FOR CAUTION			STATE B

CCI 000015



FRONTAL IMAGE
(submitted 02/18/2011)



PROFILE IMAGE
(submitted 02/18/2011)

Detail Offenses Images Release Maint Search List

Tennessee Offender FaceSheet

TOMIS ID: 00473110 Name: PLEASANT-BEY, BOAZ

(Multiple Supervision Levels) Lifetime Supervision

Height: 05'07" Weight: 170 lbs Sex: MALE Eye Color: BROWN

Hair Color: BLACK Race: BLACK

Complexion: MEDIUM Birth Date: 06/18/1983 Age: 27

Citizenship: Incompatible Inmates: N

Sex Offender: Y Escape History: N Detainers: Y Pending Charges: N

Sentence Effective: Current Location: WTSP

Sentence Expires: Custody Level:

Release Eligibility: Number of Convictions: 1

Safety Valve Date: Max Sentence: 23 YRS 6 MTHS 0 DAYS

Offenses: RAPE OF A CHILD

(For more details, click on the "Offenses" tab above)

State ID#: 02449051 FBI #: 569160PC5 NCIC #:

Social Security Number (Provided by offender - not verified): 213-04-6373

Alias: BOAZ PLEASANT-BEY

Emergency Notification:
JOSHUALANEL PLEASANT-BEY

627 WEST BATTLE ST
TALLADEGA TN 35160
Relationship: SISTER

CR-1391 (Rev. 2/04)

INCOMPATIBLE INMATE NOTICE

SCANNED
2/11OFFENDER PLEASANT-BEY, BOAZTDOC NO. 473110DATE 3-1-2018FACILITY NECXTHIS INMATE IS (CHECK ONE): VICTIM ☐ PREDATOR ☒

THE ABOVE NAMED INMATE IS TO REMAIN SEPARATED FROM:

NAME STOUT, LIZTOMIS ID 05B05A01PERSON TYPE: OFFENDER ☐STAFF ☒INCOMPATIBLE TYPE: ASSOCIATE ☐CELLMATE ☐SITE ☒PROGRAM ☐INCOMPATIBLE REASON: CODEFENDANT ☐DEBT ☐HOMOSEXUALITY ☐RELATIVE ☐THREAT ☐VIOLENCE ☐WITNESS ☐

JUSTIFICATION FOR THIS SEPARATION: DUE TO THE SOLICITATION
OF STAFF BY INMATE PLEASANT-BEY TOWARDS
SGT. STOUT, INC# 1318088

SOURCE(S) OF INFORMATION: INMATE AND STAFF INTERVIEWSINVESTIGATED BY: SGT S. McCrackenSIGNATURE OF WARDEN/DESIGNEE [Signature]3-1-18

DATE

INCOMPATIBLE INMATE NOTICE

SCANNED

TCX

OFFENDER PLEASANT-BEY, BOAZ TDOC NO. 473110DATE 3-1-2018 FACILITY NECXTHIS INMATE IS (CHECK ONE): VICTIM ☐ PREDATOR ☒

THE ABOVE NAMED INMATE IS TO REMAIN SEPARATED FROM:

NAME STOUT, LIZ TOMIS ID 05B05A01PERSON TYPE: OFFENDER ☐ STAFF ☒ INCOMPATIBLE TYPE: ASSOCIATE ☐ CELLMATE ☐ SITE ☒ PROGRAM ☐INCOMPATIBLE REASON: CODEFENDANT ☐ THREAT ☐
DEBT ☐ VIOLENCE ☐
HOMOSEXUALITY ☐ WITNESS ☐
RELATIVE ☐JUSTIFICATION FOR THIS SEPARATION: DUE TO THE SOLICITATION
OF STAFF BY INMATE PLEASANT-BEY TOWARDS
SGT. STOUT. INC# 1318088SOURCE(S) OF INFORMATION: INMATE AND STAFF INTERVIEWSINVESTIGATED BY: SGT S. McEncherry

SIGNATURE OF WARDEN/DESIGNEE

DATE

3-1-18

5/21

E211



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE CUSTODY REVIEW REPORT

TO: Donahue Warden
FROM: Protective Services Panel
RE: Inmate Pleasant Gray

INSTITUTION: HCCF
DATE: 4/23/13
TDOC #: 473110

The panel has reviewed this inmate's protective custody status and makes the following recommendation:

() Release from protective custody due to _____

(☒) Continuance in protective custody; no less restrictive option available because there has been no change in P.C. statement this time. Will review within 30 days.

X Bragdon

Chas Wood
Treatment Member

Hayden
Security Member

Ummer
Chairperson

WARDEN'S ACTION ☒

(☒) Approve recommendation

() Disapprove recommendation; modify as follows: _____

M

Warden

4-30-13

Date

Contract facilities only: Approved (☒) Denied ()

[Signature]
Commissioner's Designee

4/30/13
Date



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE CUSTODY REVIEW REPORT

509
14

TO: Donahue Warden
FROM: Protective Services Panel
RE: Inmate Pleasant, Bey

INSTITUTION: HCCF
DATE: 3/25/13
TDOC #: 473110

The panel has reviewed this inmate's protective custody status and makes the following recommendation:

() Release from protective custody due to _____

() Continuation in protective custody; no less restrictive option available because there has been no change in P.C. status at this time. Will review within 30 days.

1/2 refused to sign

Am. Jan Treatment Member Sgt. Smith Security Member A. J. K. Ward Chairperson

WARDEN'S ACTION

() Approve recommendation
() Disapprove recommendation; modify as follows: _____

Tennie Oak, Acting Warden
Warden

3-29-13
Date

Contract facilities only: Approved () Denied ()

[Signature]
Commissioner's Designee

4-2-13
Date

2/26



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE CUSTODY REVIEW REPORT

ME
107

TO: Donahue Warden
FROM: Protective Services Panel
RE: Inmate Pleasant - Bey

INSTITUTION: HCCF
DATE: 2/25/13
TDOC #: 473110

The panel has reviewed this inmate's protective custody status and makes the following recommendation:

() Release from protective custody due to _____

(x) Continuance in protective custody; no less restrictive option available because there has been no changes in P.C. status at this time. Will review within 30 days.

A. Bouy Pleasant - Bey

Clm J. Loney
Treatment Member

SCD Lane
Security Member

AO/mk Wood
Chairperson

WARDEN'S ACTION

(x) Approve recommendation

() Disapprove recommendation; modify as follows: _____

[Signature]
Warden

3.1.13
Date

Contract facilities only: Approved (x) Denied ()

[Signature]
Commissioner's Designee

3-4-13
Date

424

ME
107



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE CUSTODY REVIEW REPORT

TO: Donahue Warden
FROM: Protective Services Panel
RE: Inmate Pleasant-Bey

INSTITUTION: HCCP
DATE: 1-29-13
TDOC #: 473110

The panel has reviewed this inmate's protective custody status and makes the following recommendation:

() Release from protective custody due to _____

() Continuanue in protective custody; no less restrictive option available because there has been no change in P.C. status at this time. Will review within 30 days.

X-Bey Pleasant-Bey

Mark Ward
Treatment Member

SCO Lane
Security Member

[Signature]
Chairperson

WARDEN'S ACTION (B)

() Approve recommendation

() Disapprove recommendation; modify as follows: _____

[Signature]
Warden

2-6-13
Date

Contract facilities only: Approved () Denied ()

[Signature]
Commissioner's Designee

2-6-13
Date

124



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE CUSTODY REVIEW REPORT

TO: Dunahue Warden
FROM: Protective Services Panel
RE: Inmate Pleasant-Bey

INSTITUTION: APCF
DATE: 1/11/13
TDOC #: 473110

The panel has reviewed this inmate's protective custody status and makes the following recommendation:

() Release from protective custody due to _____

☒ Continuance in protective custody; no less restrictive option available because No change in his status at this time. Will review within 30 days.

Pleasant-Bey

Gm Marshall
Treatment Member

SCO Lane
Security Member

AU/m Lane
Chairperson

WARDEN'S ACTION

(☒) Approve recommendation

() Disapprove recommendation; modify as follows: _____

[Signature]
Warden

1-8-13
Date

Contract facilities only: Approved (☒) Denied ()

[Signature]
Commissioner's Designee

1-8-13
Date



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE SERVICES HEARING

CONFIDENTIAL

TO: Easterling, Warden

INSTITUTION: Hoof

FROM: Protective Services Panel

DATE: 3-2-12

RE: Inmate Pleasant-Bey, Boaz

TDOC #: 473110

Following review of the protective services routing sheet and the completed inquiry, the panel makes the following recommendation:

() PROTECTIVE CUSTODY PLACEMENT NOT INDICATED AT THIS TIME.

- () No further action; return to housing unit.
- () Return to housing unit with increased staff monitoring.
- () Remain at facility and change housing assignment.
- () Transfer to general population at another facility.

JUSTIFICATION: _____

(☒) PROTECTIVE CUSTODY; NO LESS RESTRICTIVE OPTION AVAILABLE.

- (☒) Place in protective custody at current facility.
- () Place in protective custody and transfer to another facility.

JUSTIFICATION: Due to the investigation and conversation with Ym Panel feels that Ym's safety would be in jeopardy if he returns to general population.

Chm Walker
Treatment Member

Sgt. A. S. Hammond
Security Member

Chm Dami
Chairperson

WARDEN'S ACTION:

(☒) Approve panel's recommendation

() Modify panel's recommendation as follows: _____

Terrence C. Anderson, Acting Warden
Warden

3-2-12

Date

Contract facilities only: Approved (☒) Denied ()

J. Butts
Commissioner's Designee

3-2-12

Date



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE SERVICES ROUTING



CONFIDENTIAL

TO: AW Dickerson, AWO / Shift Commander / Chief of Security
FROM: Wm Martin, Reporting Staff Member
RE: INMATE Boaz Pleasant-Bey TDOC # 473110
INSTITUTION: HCCF DATE: 2-24-12

The following information has been provided by _____ and such indicates that

the above inmate may require protective services: Ilm's life may be in

danger if returned to compound.
from incident that occurred in
HA pod on 2-18-12.

TDOC Butler 1:51

TO: Wm Martin, Staff Assigned to Perform Inquiry
FROM: J. Butler, Reporting Staff Member, AWO / Shift Commander / Assistant Warden

Please complete your formal inquiry and submit on or before _____.

The following action has been taken pending inquiry:

- () Inmate is restricted to cell and/or unit.
- () Inmate's housing assignment is changed from _____ to _____.
- (☒) Inmate is separated from general population pending a hearing.

Contract facilities only: Approved Yes (☒) No () J. Butler 2-27-12
Commissioner's Designee Date

TO: _____, Chairperson, Protective Services Panel
FROM: _____, Staff Assigned to Perform Inquiry
DATE: _____

Findings of inquiry are attached for review by protective services panel.

Original: Inmate Institutional File

LEAVE BLANK
490350029808

CRIMINAL

(DO NOT WRITE)

LEAVE

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

STATE USAGE

BEY, BOAZ

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.
213-04-6373

LEAVE BLANK

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO. 569160PC5

STATE IDENTIFICATION NO.

DATE OF BIRTH MM DD YY
10/18/1983

SEX
M

RACE
B

HEIGHT
507

WE
17



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING

5. R. L.



6. L. THUMB



7. L. INDEX



8. L. MIDDLE



9. L. RING

10. L. L.

PT 50X50G4 3000N # 13:49:33

LXMRK # 20110217--



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB L. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26301**

PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS DISCLOSED THAT SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

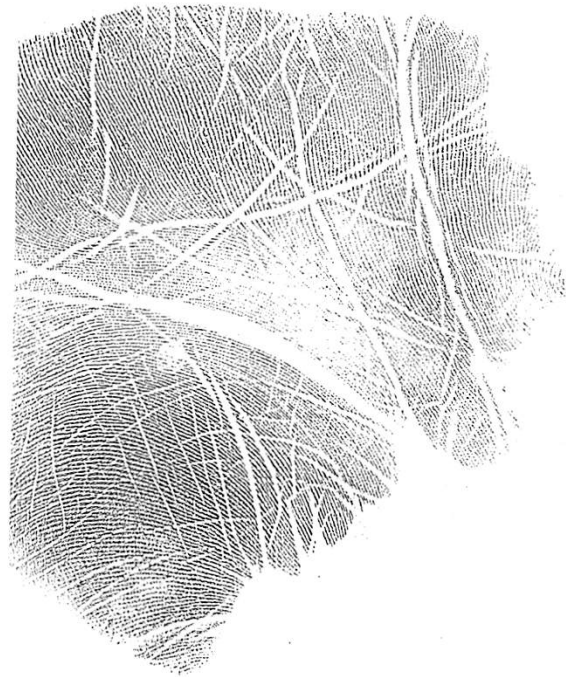
JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input checked="" type="checkbox"/>		DATE OF ARREST MM DD YY 02/17/2011	ORI CONTRIBUTOR ADDRESS REPLY DESIRED? YES <input checked="" type="checkbox"/>
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE MM DD YY 07/16/2005	PLACE OF BIRTH (STATE OR COUNTRY) MD
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS	
		RESIDENCE/COMPLETE ADDRESS	
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER) EDWARDS		LOCAL IDENTIFICATION/REFERENCE 473110	
EMPLOYER IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.			OCCUPATION
CHARGE/CITATION 1. RAPE OF CHILD			DISPOSITION 1. 23 YRS 6 MON
2.			2.
3.			3.
ADDITIONAL			ADDITIONAL
ADDITIONAL INFORMATION/BASIS FOR CAUTION			STATE BUREAU STAMP

FD-249 (Rev 5-11-99) GPO U.S. GOVERNMENT PRINTING OFFICE:04/13/2010 13:09:43

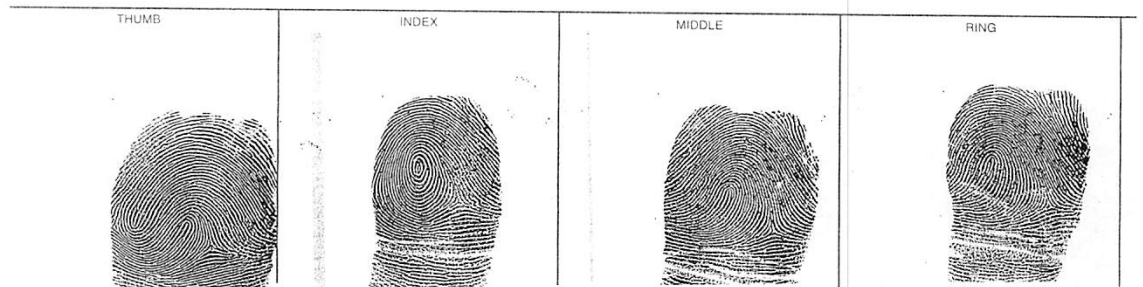
IDENTIFICATION NO. 490350029808		LAST NAME BEY, F		FIRST NAME Z	MIDDLE NAME	SID NUMBER	
DATE PRINTED 20110217		SIGNATURE OF OFFICIAL TAX		VTS	ID NUMBER	CONTRIBUTOR	II)
WRITER'S PLAM IMPRESSION						TN049035C WTSP	



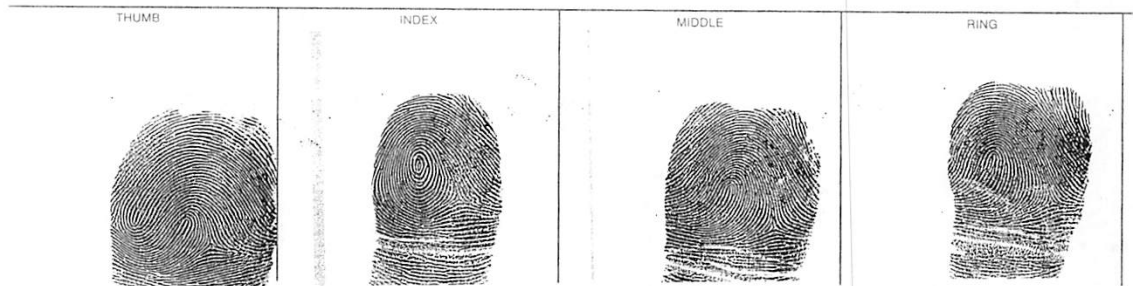
INDEX FINGER

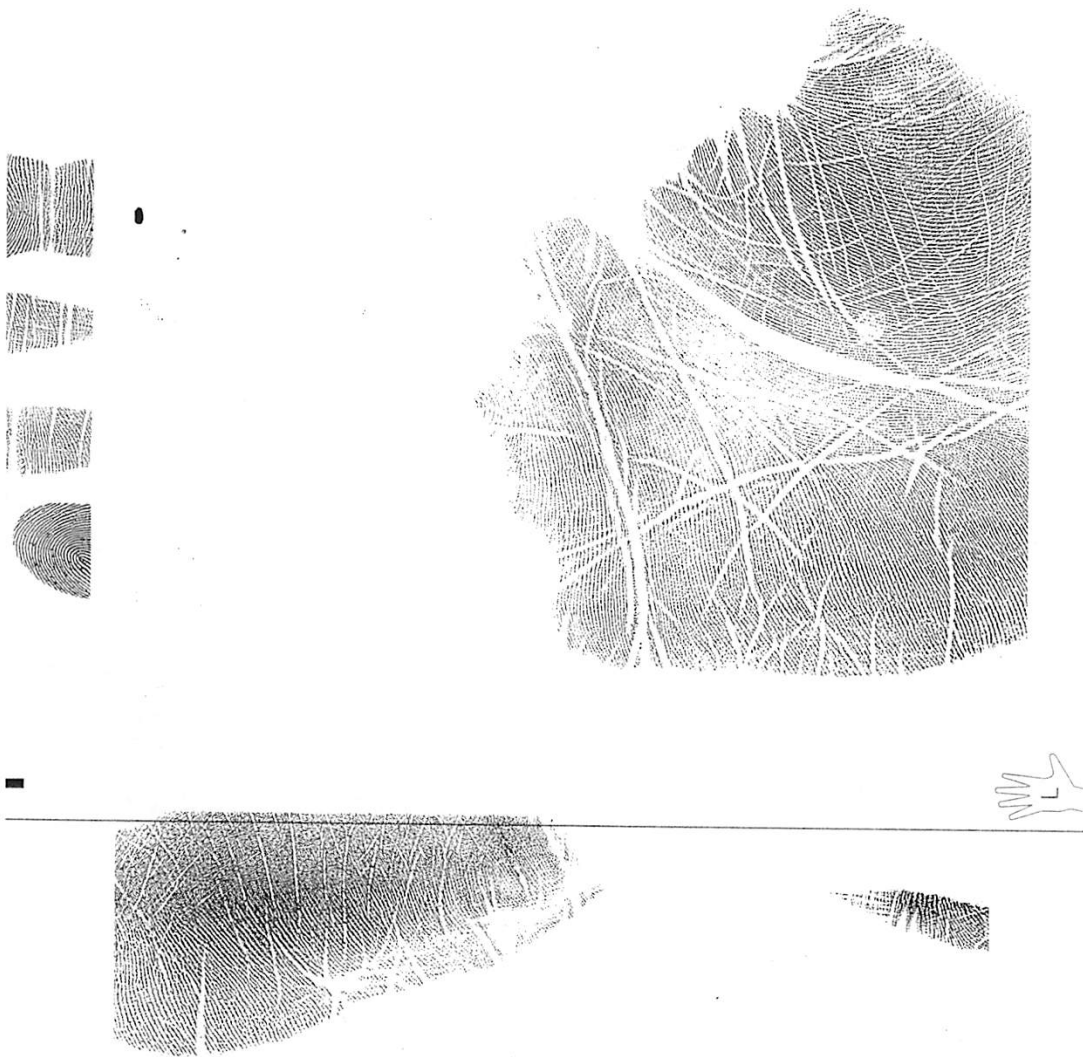


FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
1000 CUSTER HOLLOW ROAD, CLARKSBURG, WEST VIRGINIA 26306



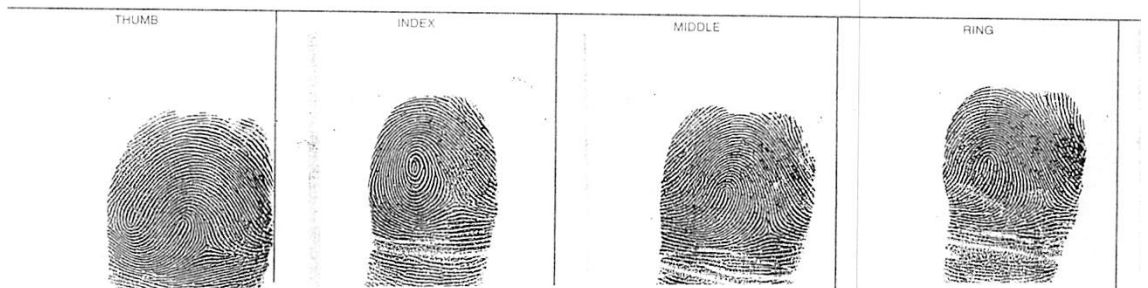
FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
1000 CUSTER HOLLOW ROAD, CLARKSBURG, WEST VIRGINIA 26306



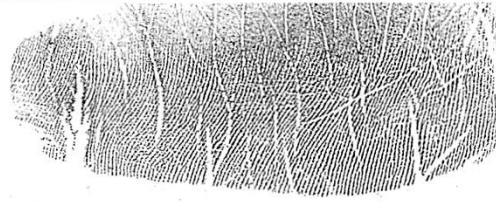


IDENTIFICATION NO.		490350029808		DATE PRINTED		20110217		WRITER'S PLAM IMPRESSION	
LAST NAME		BEY, T		SIGNATURE OF OFFICIAL TAK		NTS		ID NUMBER	
FIRST NAME								CONTRIBU	
MIDDLE NAME								SID NUMBER	
								TN049035C W	

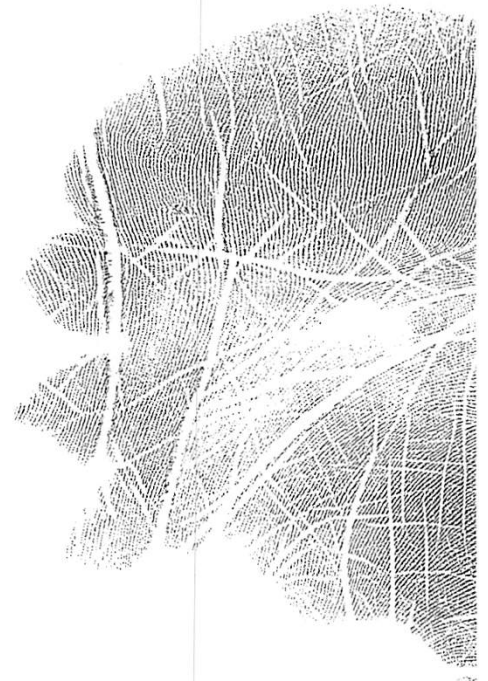
FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
1000 CUSTER HOLLOW ROAD, CLARKSBURG, WEST VIRGINIA 26306



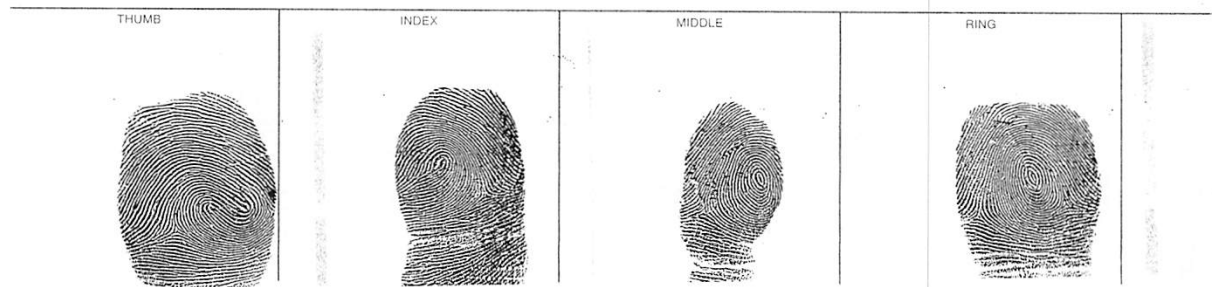
IDENTIFICATION NO. 490350029808	LAST NAME BEY, B	FIRST NAME 7	MIDDLE NAME	SID NUMBER	FBI NUMBER 5691601
DATE PRINTED 20110217	SIGNATURE OF OFFICIAL TAKING	TS	ID NUMBER	CONTRIBUTOR TN049035C	WTSP
WRITER'S PLAM IMPRESSION					



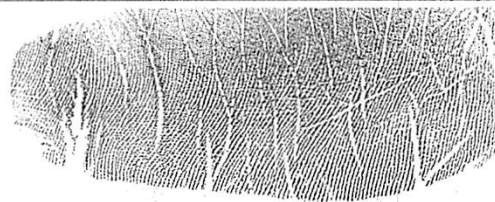
INDEX FINGER



FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
1000 CUSTER HOLLOW ROAD, CLARKSBURG, WEST VIRGINIA 26306



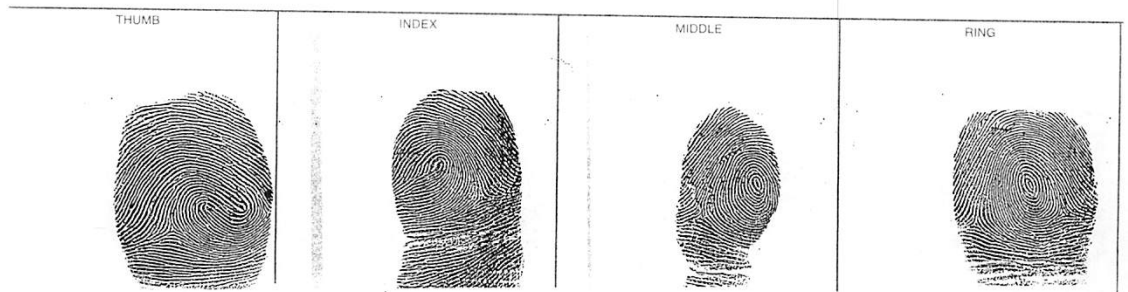
IDENTIFICATION NO. 490350029808	LAST NAME BEY, F	FIRST NAME	MIDDLE NAME	SID NUMBER
DATE PRINTED 20110217	SIGNATURE OF OFFICIAL TAKING	TS	ID NUMBER	CONTRIBUTOR TN049035C WTSP
WRITER'S PLAM IMPRESSION				



INDEX FINGER



FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
1000 CUSTER HOLLOW ROAD, CLARKSBURG, WEST VIRGINIA 26306



**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION**

BOAZ PLEASANT-BEY,)	
Plaintiff,)	
)	
v.)	
SHELBY COUNTY GOVERNMENT, ET	)	No. 17-cv-2502-SHL-dkv
AL.,)	
)	
Defendants.)	

**ORDER GRANTING MOTION TO WITHDRAW \$400.00 FILING FEE AND
DENYING LEAVE TO PROCEED *IN FORMA PAUPERIS***

On July 17, 2017, Plaintiff Boaz Pleasant-Bey, Tennessee Department of Correction prisoner registration number 473110, who is incarcerated at the Northeast Correctional Complex (“NECX”) in Mountain City, Tennessee, filed a *pro se* complaint pursuant to 42 U.S.C. § 1983. (ECF No. 1.) Plaintiff did not submit a motion to proceed *in forma pauperis* or include his trust account statement for the last six months as required by 28 U.S.C. 1914(a)-(b). However, Plaintiff did submit a Motion to Withdraw \$350.00 filing fee from his trust fund account. (ECF No. 2.) Without Plaintiff’s trust account statement to verify his indigency, the Court was unable to determine whether he was liable for the additional administration fee of \$50 prescribed by the Judicial Conference of the United States.¹ The Court granted an extension of 30 days for the Plaintiff to provide the Court with his inmate trust fund statement. (ECF No. 4.)

On August 10, 2017, Plaintiff complied with Court’s order by filing a new Motion to Withdraw \$400.00 accompanied by his trust fund statement. (ECF No. 5.) Plaintiff’s trust

¹Twenty-eight U.S.C. § 1914(a) requires a civil filing fee of \$350. In addition, § 1914(b) requires the clerk to “collect from the parties such additional fees...as are prescribed by the Judicial Conference of the United States.” The Judicial Conference has prescribed an additional administrative fee of \$50 for filing any civil case, except for cases seeking habeas corpus and cases in which the plaintiff is granted leave to proceed *in forma pauperis* under 28 U.S.C. § 1915. The Court is denying leave to proceed *in forma pauperis*; therefore, Plaintiff is liable for the additional \$50 fee.

account statement shows that, as of July 26, 2017, the balance in the account was \$1,750.30 which is sufficient to pay the filing fee as required by 28 U.S.C. § 1914(a). Therefore, motion to withdraw \$400.00 is **GRANTED** and leave to proceed in forma pauperis is **DENIED**.

It is **ORDERED** that Plaintiff cooperate fully with prison officials in carrying out this order. It is further **ORDERED** that the trust fund officer at Plaintiff's prison shall withdraw from Plaintiff's trust fund account the sum of \$400 and forward that amount to the Clerk of this Court.

Payment shall be sent to:

Clerk, United States District Court, Western District Tennessee,
167 North Main, Rm. 242, Memphis, TN 38103

and shall clearly identify Plaintiff's name and the case number as it appears on the first page of this order. If Plaintiff is transferred to a different prison or released, he is **ORDERED** to notify the Court immediately of his change of address. If still confined, he shall provide the officials at the new prison with a copy of this order. If Plaintiff fails to abide by these or any other requirements of this order, the Court may impose appropriate sanctions, including a monetary fine or restrictions on Plaintiff's ability to file future lawsuits in this Court, without additional notice or hearing.

The Clerk is **ORDERED** to mail a copy of this order to the prison official in charge of prison trust fund accounts at the Plaintiff's prison. The Clerk is further **ORDERED** to forward a copy of this order to the warden of NECX to ensure that the custodian of Plaintiff's inmate trust account complies with that portion of the PLRA pertaining to the payment of filing fees.

IT IS SO ORDERED, this 16th day of August, 2017.

s/ Sheryl H. Lipman
SHERYL H. LIPMAN
UNITED STATES DISTRICT JUDGE

TTCC
FEE PAYMENT

GARNISHMENT
CHILD SUPPORT
FILING FEES

25%
50%
20% xx

FEE CODE FFF

INMATE # 473110

NAME Boaz-Pleasant Bey

CASE #'s

17-cv-2502-SHL-dkv

Payable to Clerk, USDC
ADDRESS 167 North Main, Room 242
Memphis, TN 38103

FEE AMOUNT

\$400.00

901/495/1200
opt # 5

COMMENTS: All Deposits Monthly Over OVER \$10

2020 of all deposits

DATE	CK #	PAD/PMO	PMT	Balance	Comments
				\$143.29	
5/14/18		Pd	6	143.29	
6/12/18		Pd	6	143.29	
7/12/18	1197929	Pd 13.26	2.65	140.64	
8/14/18	1197929	Pd 17.31	3.47	137.17	
9/13/18	1200900	Pd 14.28	2.86	134.31	
10/11/18	1203933	Pd 13.26	2.65	131.66	
11/8/18		Pd 6.12		131.66	
12/10/18	1209941	20.40	4.03	107.53	
1/4/19	1212230		26-	101.58	
1/14/19		3.16		101.58	
2/14/19		4.08	0	101.53	
3/14/19	1218936	24.48	4.90	96.63	
4-11-19	1221747	32.64	6.53	90.15	
5-14-19	1224988	26.53	5.30	87.85	
6-14-19	1227811	28.56	5.71	79.14	
7-11-19	1230378	22.44	4.49	74.65	
8-7-19	1233262		20.00	54.65	✓ 100.00
9/12/19	1233534	22.44	4.49	50.16	
10/12/19	12350241	26.52	5.30	44.86	
10/12/19	1239056	26.52	5.30	39.56	
11/7/19	1241596	26.52	11.30	28.26	✓ 30.00
11/25/19	1243456		20.00	8.26	✓ 100.00
12/10/19	1244500	24.48	4.90	3.36	
1/14/20	1240765	22.44	3.36		

Memphis

473110

INMATE NAME

TDOC NUMBER

17-CV-2502-SHL-dKV

CASE NUMBER

\$

2400.00

FEE AMOUNT

COMMENTS

[illegible]

Anderson, Sanquesha

From: Shanta Johnson <Shanta.Johnson@tn.gov>
Sent: Tuesday, February 11, 2020 7:51 AM
To: David W. Sutton; Monica Washington; Bergonzi, Abigail; Hensley, Jammie; Fleming, Jennifer; Harper, Kristi; Anderson, Sanquesha; Amy M. Berry; Amy M. Hall; Gayle Gaines; Latonya S. Ray; Mark F. McKinney; Shakera E. Kelley; Shandetra A. Simmons; Toye L. Mason; Wendy D. Smith
Subject: COURT FOR PLEASANT-BEY #473110
Attachments: 02-21-20 00473110.pdf

*** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ***

THE FOLLOWING ORDER HAS BEEN RECEIVED:
473110 BOAZ PLEASANT-BEY MIR
DUE IN US WESTERN DISTRICT CRT @ MEMPHIS
ON FEBRUARY 21,2020 AT 1:30 PM
FOR CASE # 2:11-CV-2138-TLP
TRANSFER FROM TTCC TO WTSP ON 2/19/2020
WTSP TO TRANSPORT TO COURT



Correction

Shanta Johnson, Correctional Program Manager
Rachel Jackson Building
Nashville, TN 37243
Office: 615-253-8183
Shanta.Johnson@tn.gov
tn.gov/correction
www.facebook.com/TNDepartmentofCorrection
<https://twitter.com/TNDDOC1>
<https://www.youtube.com/TNDDOC1>

Chap

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

BOAZ PLEASANT-BEY,
Plaintiff, TDOC # 473110

v.

MARK H. LUTTRELL, JR.,
Defendant.

RECEIVED

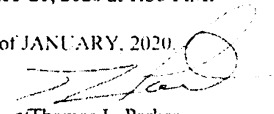
By SJ at 2:27 pm, Jan 17, 2020

2:11-cv-2138-TLP

ORDER DIRECTING CLERK TO ISSUE
WRIT FOR HABEAS CORPUS AD TESTIFICANDUM
AND DIRECTING CLERK TO MODIFY THE DOCKET

The Clerk of the Court is HEREBY ORDERED to issue a Writ of Habeas Corpus ad Testificandum to the Warden/Superintendent of the Trousdale Turner Correctional Center (TTCC), 140 Macon Way, Hartsville, TN 37074¹ compelling him/her to produce **Boaz Pleasant-Bey, TOMIS ID: 00473110**, in Courtroom No. 2, 11th floor of the Clifford Davis/Ordell Horton Federal Building, 167 North Main Street, Memphis, Tennessee, 38103 for a STATUS CONFERENCE on **FRIDAY, FEBRUARY 21, 2020 at 1:30 P.M.**

IT IS SO ORDERED, this 14th day of JANUARY, 2020.


s/Thomas L. Parker
THOMAS L. PARKER
UNITED STATES DISTRICT JUDGE

¹ A check of the Tennessee Felony Offender Information website (<https://apps.tn.gov/foi-app/search.jsp>) indicates the Plaintiff is presently incarcerated at the Trousdale Turner Correctional Center, 140 Macon Way, Hartsville, TN 37074. The Clerk is directed to update the Plaintiff's current address on the docket.

TOMIS ID: 00473110
OFFENDER NAME: PLEASANT-BEY, BOAZ
ASSIGNED SITE: TROUSDALE TURNER CORRECTIONAL CENTER UNIT: EA2
ACTUAL SITE: TROUSDALE TURNER CORRECTIONAL CENTER UNIT: EA2

THIS IS TO NOTIFY YOU THAT EFFECTIVE 02/18/2011, A TENNESSEE
DETAINER WAS PLACED BY MEMPHIS, TN.

THIS ACTION IS BASED ON WARRANT NO: INDICTMENT NO: 070047
FOR THE OFFENSE OF: RAPE OF CHILD-COURT DATE 3/9/2011.
PRESENT STATUS OF THIS CHARGE: LIFTED AS OF 07/02/2019.

FOR FURTHER INFORMATION REGARDING THE ABOVE ACTION, YOU MAY CONTACT THE
ISSUING AGENCY AS FOLLOWS:

SHELBY COUNTY SHERIFF'S OFFICE
201 POPLAR AVENUE
FUGITIVE DIVISION
MEMPHIS, TN 38103
PHONE: (901)545-2416 FAX NUMBER: (901)545-2470

THE ISSUING AGENCY SHOULD ADDRESS ANY QUESTIONS CONCERNING THIS ACTION
TO THE MANAGER OF SENTENCE COMPUTATION SERVICES. IF THE ISSUING AGENCY
IS IN TENNESSEE, ARRANGEMENTS SHOULD BE MADE FOR THE IMMEDIATE
DISPOSITION OF UNTRIED CHARGES.

SINCERELY,



MANAGER, SENTENCE COMPUTATION SERVICES

320 SIXTH AVENUE NORTH
RACHEL JACKSON BUILDING
SECOND FLOOR
NASHVILLE, TN 37243-0465

CC: OFFENDER
ISSUING AGENCY
OSS/INSTITUTIONAL FILE



Shelby County Sheriff's Office
FUGITIVE BUREAU

*Floyd Bonner Jr., Sheriff 201 Poplar Av. Memphis, TN 38103
(901) 222-5627 Fax# (901)222-5626*

TO: TROUSDALE COREECTIONAL
CENTER

Date: 07/01/2019

WARRANTS/EXTRADITIONS/RECORDS

ATTN: RECORDS

FROM: SHELBY COUNTY SHERIFF OFFICE EXTRADITION

Shelby County Sheriff's Office
Fugitive Division
201 Poplar Avenue, Annex Rm 1024
Memphis, TN 38103
Phone: Extradition Unit: 222-4872, 222-4937, 222-4933
Fax: (901)222-5010 and (901)222-5625
ORI# TN0790000 (24 Hrs)

Regarding: BOAZ PLEASANT-BEY M/B 06/18/1983 TOMIS#473110

- ☐ Urgent ☐ Routine
- ☒ Warrant, Capias with Indictment, and/or Mittimus
- ☐ Fingerprint Identification Card
- ☐ Photo

PLEASE REMOVE ALL DETAINERS FOR OUR COUNTY ON THIS SUBJECT. HE HAS BEEN IN OUR COURTS AND WE NO LONGER NEED HIM. THANK YOU FOR YOUR HELP. BOBBY PHILLIPS 901-222-4937

Number of Pages Faxed: _____

BOJ 5#9361

RECEIVED

SCANNED

By Dispatch (CB) at 12:42 pm, May 04, 2017

IN THE CRIMINAL COURT OF TENNESSEE
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 8

STATE OF TENNESSEE

VS. NO: (S) 07 00471

CHARGE(S) Rape of a child

Boaz Pleasant-Bey
DEFENDANT 473110

ORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
TDOC TO THE SHELBY COUNTY JAIL

This cause came to be heard upon motion of counsel for the Defendant to transfer Boaz Pleasant-Bey from the Department of Correction at TDOC to the Shelby County Jail and;

IT APPEARING TO THE COURT that the presence of Boaz Pleasant-Bey is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 30 day of June, 20 17.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that Boaz Pleasant-Bey be transferred by the Department of Correction to the Shelby County Jail at Memphis, Tennessee on or before 6-30-17.

Entered this 4 day of May, 20 17.

Judge

Sex: M Race: B
Date of Birth: 6-18-1983
R & I #: 366627

Filed: 5-4-17
Richard L. DeSaussure, III, Clerk

By: [Signature] D.C.



CC7-53

RECEIVED

By Dispatch at 6:33 am, Aug 15, 2016

IN THE CRIMINAL COURT OF TENNESSEE
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 4

SCANNED

STATE OF TENNESSEE

VS. NO: (S) 07 00471

CHARGE(S) RAPE OF A CHILD

BOAZ PLESANT-BEY

DEFENDANT

473110

**ORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
TDOC TO THE SHELBY COUNTY JAIL**

This cause came to be heard upon motion of counsel for the Defendant to transfer BOAZ PLESANT-BEY
from the Department of Correction at TDOC
to the Shelby County Jail and;

IT APPEARING TO THE COURT that the presence of BOAZ PLEASANT-BEY
is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 21 day
of September, 20 16,

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that
BOAZ PLESANT-BEY be transferred by the Department of Correction to the Shelby County Jail at
Memphis, Tennessee on or before 9-21-16.

Entered this 12 day of AUGUST, 20 16.

Judge

Sex: M Race: B

Date of Birth: 06/18/1983

R & I #: 000366627

Filed: 8/12/16

Richard DeSaussure

By: as D.C.



CC7-53

RECEIVED

IN THE CRIMINAL COURT OF TENNESSEE APR 14 2016
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 8

DEPARTMENT OF CORRECTION

STATE OF TENNESSEE

VS. NO: (S) 07 00471

CHARGE(S) RAPE OF A CHILD

SCANNED

BOAZ PLEASANT-BEY
DEFENDANT

473110

ORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
NECK TO THE SHELBY COUNTY JAILThis cause came to be heard upon motion of counsel for the Defendant to transfer Boaz Pleasant-Bey
from the Department of Correction at NECK
to the Shelby County Jail and;IT APPEARING TO THE COURT that the presence of Boaz Pleasant-Bey 2nd
is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 20 day
of June, 20 16.IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that
Boaz Pleasant-Bey be transferred by the Department of Correction to the Shelby County Jail at
Memphis, Tennessee on or before 6/2/16Entered this 14th day of April, 20 16.

Judge

Sex: W Race: BDate of Birth: 08/18/1983R & T #: 000366627

TOMIS ID 473110

Filed: 4-14-16
Richard L. DeSaussure, III, ClerkBy: [Signature] D.C.

CC7-53

IN THE CRIMINAL COURT OF TENNESSEE APR 14 2016
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 8

DEPARTMENT OF CORRECTION

RECEIVED
SCANNED

STATE OF TENNESSEE

VS. NO: (S) 07 00471

CHARGE(S) RAPE OF A CHILD

BOAZ PLEasant-Bey
DEFENDANT

473110

ORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
NECK TO THE SHELBY COUNTY JAIL

This cause came to be heard upon motion of counsel for the Defendant to transfer Boaz Pleasant-Bey
from the Department of Correction at NECK
to the Shelby County Jail and;

IT APPEARING TO THE COURT that the presence of Boaz Pleasant-Bey 2nd
is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 2nd day
of ~~April~~ June, 20 16.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that
Boaz Pleasant-Bey be transferred by the Department of Correction to the Shelby County Jail at
Memphis, Tennessee on or before ~~4/22/16~~ 6/2/16

Entered this 14th day of April, 20 16.

Judge

Sex M Race: B

Date of Birth: 06/18/1983

R & T: 000366627

TOMIS ID 473110

Filed: 4-14-16
Richard L. DeSaussure, III, ClerkBy:  D.C. CC7-53

IN THE CRIMINAL COURT OF TENNESSEE
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 8

RECEIVED

OCT 05 2015
SCANNED

DEPARTMENT OF CORRECTION

STATE OF TENNESSEE

VS. NO: (S) 07 - 00471CHARGE(S) PetitionBoaz Pleasant - Boz Bey
DEFENDANT #473110NECX / MRORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
NECX - Bladson County TO THE SHELBY COUNTY JAILThis cause came to be heard upon motion of counsel for the Defendant to transfer Boaz
Pleasant - Bey from the Department of Correction at NECX - Bladson County
to the Shelby County Jail and;IT APPEARING TO THE COURT that the presence of Boaz Pleasant - Bey
is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 13th day
of Nov., 20 15.IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that
Boaz Pleasant - Bey be transferred by the Department of Correction to the Shelby County Jail at
Memphis, Tennessee on or before 11 - 13 - 15.Entered this 5th day of October, 20 15.Judge [Signature]Sex: M Race: BDate of Birth: 6.8.13R & I #: 366627Tomis # 00473110Filed: 10-5-15
Richard L. DeSaussure, III, ClerkBy: [Signature] D.C.

CC7-53

RECEIVED

IN THE CRIMINAL COURT OF TENNESSEE
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 2

JAN 25 2012

DEPARTMENT OF CORRECTION

STATE OF TENNESSEE

VS. NO: (S) 07-00471

CHARGE(S) Age of a Child

Boaz Pleasant-Ray
DEFENDANT

TOMIS # 473110

HCCF/mcd

ORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
Harden County Corr. Facility TO THE SHELBY COUNTY JAIL

This cause came to be heard upon motion of counsel for the Defendant to transfer
Boaz Pleasant-Ray from the Department of Correction at HCCF
to the Shelby County Jail and;

IT APPEARING TO THE COURT that the presence of HCCF 2nd
is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 2nd day
of February, 20 12

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that
Boaz Pleasant-Ray be transferred by the Department of Correction to the Shelby County Jail at
Memphis, Tennessee on or before 2/25/12

Entered this 25 day of January, 20 12

Judge

Sex: M Race: B

Date of Birth: 6/18/83

366627

TOMIS # 473110

Filed: 1-25-12
Kevin P. Key, Clerk

By: P. Calvey D.C.



1150048

IN THE CRIMINAL/CIRCUIT COURT OF SHELBY COUNTY, TENNESSEE

Case Number: 07 00471 Count # 1 Attorney for the State: M. Bell / A. Wallace
 Judicial District: 30th Judicial Division: 2 Counsel for Defendant: Pro Se
 State of Tennessee
 vs.
 Defendant: BOAZ PLESANT-BEY Alias: _____
 Date of Birth: 06/18/1983 Sex: M Race: B SSN: --
 Indictment Filing Date: 01/30/2007 TDOC # _____ State Control # 790007605421
 State ID # _____ County Offender ID # 000366627

JUDGMENT

☒ Original ☐ Amended ☐ Corrected

Comes the District Attorney General for the State and the defendant with counsel of record for entry of judgment.

On the 19th day of July, 2010, the defendant:

<input type="checkbox"/> Pled Guilty <input type="checkbox"/> Dismissed/Nolle Prosequi <input type="checkbox"/> Nolo Contendere <input type="checkbox"/> Retired/Unapprehended Defendant <input type="checkbox"/> Guilty Plea – Pursuant to 40-35-313 Is found: <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input checked="" type="checkbox"/> Jury Verdict <input type="checkbox"/> Not Guilty by Reason of Insanity <input type="checkbox"/> Bench Trial	Indictment: Class (circle one) 1 st <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Offense: <u>39-13-522 RAPE OF A CHILD</u> Amended Charge: _____ Offense Date: <u>7/16/2005-10/13/2005</u> County: <u>SHELBY</u> Conviction Offense: <u>Rape of a Child</u> Is this conviction offense methamphetamine related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TCA #: <u>39-13-522</u> Sentence Imposed Date: <u>7/19/2010</u> Conviction: Class (circle one) 1 st <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

After considering the evidence, the entire record, & all factors in T.C.A. Title 40 Chapter 35, all of which are incorporated by reference herein, the Court's findings & rulings are

Sentence Reform Act of 1989 Offender Status (Check One) Release Eligibility (Check One)		Concurrent with: Consecutive to:	Pretrial Jail Credit Period(s): From <u>2/8/07</u> to <u>12/21/11</u> From _____ to _____ From _____ to _____ From _____ to _____
<input type="checkbox"/> Mitigated <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Multiple <input type="checkbox"/> Persistent <input type="checkbox"/> Career <input type="checkbox"/> Repeat Violent	<input type="checkbox"/> Mitigated 20% <input type="checkbox"/> Mitigated 30% <input type="checkbox"/> Standard 30% <input type="checkbox"/> Multiple 35% <input type="checkbox"/> Persistent 45% <input type="checkbox"/> Career 60% <input type="checkbox"/> Violent 100%	<input type="checkbox"/> Multiple Rapist 100% <input checked="" type="checkbox"/> Child Rapist 100% <input type="checkbox"/> Repeat Violent 100% <input type="checkbox"/> Child Predator 100% <input type="checkbox"/> 1 st Degree Murder <input type="checkbox"/> Drug Free Zone <input type="checkbox"/> Gang Related	
Sentenced To: <input checked="" type="checkbox"/> TDOC <input type="checkbox"/> County Jail <input type="checkbox"/> Workhouse Sentence Length: <u>23</u> Years <u>6</u> Months _____ Days _____ Hours _____ Weekends <input type="checkbox"/> Life <input type="checkbox"/> Life w/out Parole <input type="checkbox"/> Death Mandatory Minimum Sentence Length: <u>39-17-417, 39-13-513, 39-13-514</u> in Drug Free Zone or <u>55-10-401</u> DUI 4 th Offense or <u>39-17-1324</u> Possession/Employment of Firearm Period of incarceration to be served prior to release on probation: _____ Months _____ Days _____ Hours _____ Weekends Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs _____ % (Misdemeanor Only) Alternative Sentence: <input type="checkbox"/> Probation <input type="checkbox"/> Diversion <input type="checkbox"/> Drug Court <input type="checkbox"/> Community Based Alternative - Specify _____ _____ Years _____ Months _____ Days Effective _____			
Court Ordered Fees and Fines: Cost to be Paid by \$ _____ Court Costs <input checked="" type="checkbox"/> Defendant <input type="checkbox"/> State \$ <u>0</u> Fine Assessed \$ _____ Traumatic Brain Injury Fund (Drag Racing) \$ _____ Drug Testing Fund (TN Drug Control Act) \$ _____ CICF \$ _____ Sex Offender Tax \$ _____ Other _____		Restitution: Victim Name _____ Address _____ Total Amount \$ _____ Per Month \$ _____ <input type="checkbox"/> Unpaid Community Service _____ Hours _____ Days _____ Weeks _____ Months	

☒ The Defendant having been found guilty is rendered infamous and ordered to provide a biological specimen for the purpose of DNA analysis
☒ Pursuant to 39-13-521 the defendant is ordered to provide a biological specimen for the purpose of HIV testing
☒ Pursuant to 39-13-524 the defendant is sentenced to community supervision for life following sentence expiration

Special Conditions

Judgment Exec. 12/21/11 MNT Heard + denied 12/21/11
 Chris Craft
 Judge's Name

 Judge's Signature

 Attorney for State/Signature (optional)

 Defendant/Defendant's Attorney Signature

 Date of Entry of Judgment
7/19/10
 CC7-11
 CR-3419 (Rev. 1/08) RDA 1167

No. 07 00471

STATE OF TENNESSEE

V.

BOAZ PLESANT-BEY

Indictment for

RAPE OF A CHILD

T.C.A. 39-13-522

SCATS CODE - 21871

Witnesses:

Summon for the State

P, PRITT
S.ROBINSON
G.LAWSON
TIERRA MITCHELL
K.ROGERS
GLORIA EDGE

MPD, SEX CRIMES BUREAU

MPD - SEX CRIMES
MPD

MPD
4845 APPLESTONE MEMPHIS,

S. ROBINSON
Prosecutor

A True Bill ✓

Mary F. Thomas
Foreperson of the Grand Jury

Date Indictment Returned: 1-30-07


STATE OF TENNESSEE) CRIMINAL COURT OF SHELBY COUNTY
)
SHELBY COUNTY) JANUARY TERM, 2007

Count 1

THE GRAND JURORS of the State of Tennessee, duly selected, empaneled, sworn and charged to inquire for the body of the county of Shelby, Tennessee, upon their oath, present that:

BOAZ PLESANT-BEY

between March 16, 2004 and October 24, 2006 in Shelby County, Tennessee, and before the finding of this indictment, did unlawfully and intentionally sexually penetrate TIERRA MITCHELL, a person less than thirteen (13) years of age, in violation of T.C.A. 39-13-522, against the peace and dignity of the State of Tennessee.



William L. Gibbons
District Attorney General
30th Judicial District

Kevin P. Key
201 Poplar, Suite 4-01
Memphis, TN 38103
(901) 545-5005

Notice of Intent to Collect on Criminal Court Judgment

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

SSN: _____ D.O.B. _____

Relative or Friend

Name: _____ Relationship: _____

ESCROW/COLLECTION NOTICE

NAME Boaz-Plesant Bey DATE 12-28-11
DOCKET(S) # 07-00471 DIV. 8

Zip: _____

Phone: _____

Zip: _____

se Date: _____

**TAKE THIS CARD
IMMEDIATELY TO:**

CRIMINAL JUSTICE COMPLEX
CRIMINAL COURT CLERK'S OFFICE
4th FLOOR (SUITE 4-01)
201 POPLAR AVENUE @ THIRD ST.
MEMPHIS, TN. 38103
PHONE 545-3640 or 545-5005

**NOTICE: FAILURE TO REPORT CAN RESULT IN A SUMMONS
TO COURT AND/OR WARRANT ISSUED FOR YOUR ARREST!**

ED AGAINST ME IN THE ABOVE
COUNTY TENNESSEE INCLUDES

ASSESSMENT OF COST AND/OR FINE(S). I HAVE BEEN ADVISED TO REPORT TO THE CRIMINAL
COURT CLERK'S OFFICE WITHIN FIVE (5) DAYS OF MY RELEASE DATE.

**FAILURE TO COMPLY WITH THIS JUDGMENT
MAY RESULT IN CONTEMPT OF COURT**

Defendant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

CC8-1

RECEIVED

IN THE CRIMINAL COURT OF TENNESSEE
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 8

JAN 06 2012

DEPARTMENT OF CORRECTION

STATE OF TENNESSEE

VS. NO: (S) 07-00471CHARGE(S) Rape of a ChildBoaz Pleasant-Ray

DEFENDANT

TOMIS # 473110HCCF
med

ORDER TRANSFERRING DEFENDANT FROM THE SHELBY COUNTY JAIL TO THE

DEPARTMENT OF CORRECTION AT Harden County Correctional Facility

This cause came to be heard upon motion of counsel for the Defendant to transfer Boaz Pleasant-Ray from the Shelby County Jail to the Department of Correction at HCCF; AND

IT APPEARING TO THE COURT that the presence of Boaz Pleasant-Ray is no longer needed in the Criminal Court of Shelby County, Tennessee.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the above named Defendant be transferred to the Department of Correction at HCCF, as soon as possible.

Entered this 4th day of January, 20 12.

Judge [Signature]Sex: M Race: BDate of Birth: 6-18-83R & I 366687TOMIS # 473110Filed: 1-4-12
Kevin P. Key, ClerkBy: P. Cathey D.C.

CC7-54

DEC 14 2011

IN THE CRIMINAL COURT OF TENNESSEE
FOR THE 30TH JUDICIAL DISTRICT AT MEMPHIS
DIVISION 2

DEPARTMENT OF CORRECTION

STATE OF TENNESSEE 07-00471VS. NO: (S) 07-00471CHARGE(S) Rape of ChildBoaz Pleasant-Bey
DEFENDANT

TOMIS # 423110

HCCF/mul

ORDER TRANSFERRING DEFENDANT FROM THE DEPARTMENT OF CORRECTION AT
HCCF TO THE SHELBY COUNTY JAIL

This cause came to be heard upon motion of counsel for the Defendant to transfer Boaz Pleasant-Bey from the Department of Correction at HCCF to the Shelby County Jail and;

IT APPEARING TO THE COURT that the presence of Boaz Pleasant-Bey is needed in the Criminal Court of Shelby County in the above styled cause that is presently set on the 21 day of December, 20 11.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that Boaz Pleasant-Bey be transferred by the Department of Correction to the Shelby County Jail at Memphis, Tennessee on or before 12/21/11.

Entered this 12th day of December, 20 11.

Judge

Sex: M Race: B

Date of Birth: _____

R&T#: _____

TOMIS # 423110

Filed: 12/12/11
Kevin P. Key, ClerkBy: P. Cather D.C.

CC7-53

IN THE CRIMINAL/CIRCUIT COURT OF SHELBY COUNTY, TENNESSEE

Case Number: 07-00471

Judicial District: 30th

Crimt # 1

Attorney for the State: M. Bell/A. Wallace

State of Tennessee

Defendant: ROAZ PLEasant-BEY

Date of Birth: 08/18/1983

Sex: M

Race: B

Alias:

SSN: -

Indictment Filing Date: 01/30/2007

TDOC #

State ID #

State Control # 790007605421

County Offender ID # 000368627

JUDGMENT

☒ Original☐ Amended☐ Corrected

Comes the District Attorney General for the State and the defendant with counsel of record for entry of judgment.
On the 19th day of July, 2010, the defendant:

☐ Pled Guilty ☐ Dismissed/Nolle Prosequi
☐ Nolo Contendere ☐ Retired/Unapprehended Defendant
☐ Guilty Plea - Pursuant to 40-35-313

Is found: ☒ Guilty ☐ Not Guilty
☒ Jury Verdict ☐ Not Guilty by Reason of Insanity
☐ Bench Trial

Indictment: Class (circle one) 1" ☒ B ☐ C ☐ D ☐ E ☒ Felony ☐ Misdemeanor
 Offense: 39-13-522 RAPE OF A CHILD

Amended Charge:

Offense Date: 7/16/2005-10/13/2005

County: SHELBY

Conviction Offense: Rape of a Child

Is this conviction offense methamphetamine related? ☐ Yes ☒ No

TCA #: 39-13-522

Sentence Imposed Date: 7/19/2010

Conviction: Class (circle one) 1" ☒ B ☐ C ☐ D ☐ E ☒ Felony ☐ Misdemeanor

After considering the evidence, the entire record, & all factors in T.C.A. Title 40 Chapter 35, all of which are incorporated by reference herein, the Court's findings & rulings are:

Sentence Reform Act of 1989		Concurrent with:		Pretrial Jail Credit Period(s):	
Offender Status (Check One)	Release Eligibility (Check One)				
<input type="checkbox"/> Mitigated <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Multiple <input type="checkbox"/> Persistent <input type="checkbox"/> Career <input type="checkbox"/> Repeat Violent	<input type="checkbox"/> Mitigated 20% <input type="checkbox"/> Mitigated 30% <input type="checkbox"/> Standard 30% <input type="checkbox"/> Multiple 35% <input type="checkbox"/> Persistent 45% <input type="checkbox"/> Career 60% <input type="checkbox"/> Violent 100%	<input checked="" type="checkbox"/> Multiple Rapist 100% <input type="checkbox"/> Child Rapist 100% <input type="checkbox"/> Repeat Violent 100% <input type="checkbox"/> Child Predator 100% <input type="checkbox"/> 1st Degree Murder <input type="checkbox"/> Drug Free Zone <input type="checkbox"/> Gang Related	Consecutive to:		From 2-8-7 to 2-11-11 From _____ to _____ From _____ to _____ From _____ to _____
Sentenced To: <input checked="" type="checkbox"/> TDOC <input type="checkbox"/> County Jail <input type="checkbox"/> Workhouse Sentence Length: 23 Years 6 Months _____ Days _____ Hours _____ Weekends _____ Mandatory Minimum Sentence Length: 39-17-417, 39-13-513, 39-13-514 in Drug Free Zone or 55-10-401 DUI 4th Offense or 39-17-1324 Possession/Employment of Firearm Period of incarceration to be served prior to release on probation: _____ Months _____ Days _____ Hours _____ Weekends _____ Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs: _____ % (Misdemeanor Only) Alternative Sentence: <input type="checkbox"/> Probation <input type="checkbox"/> Diversion <input type="checkbox"/> Drug Court <input type="checkbox"/> Community Based Alternative - Specify _____ _____ Years _____ Months _____ Days Effective: _____		Court Ordered Fees and Fines: Cost to be Paid by <input checked="" type="checkbox"/> Defendant <input type="checkbox"/> State \$ _____ Court Costs \$ _____ Fine Assessed \$ _____ Traumatic Brain Injury Fund (Drug Racing) \$ _____ Drug Testing Fund (TN Drug Control Act) \$ _____ CICP \$ _____ Sex Offender Tax \$ _____ Other: _____		Restitution: Victim Name _____ Address _____ Total Amount \$ _____ Per Month \$ _____ <input type="checkbox"/> Unpaid Community Service: _____ Hours _____ Days _____ Weeks _____ Months	

☒ The Defendant having been found guilty is rendered infamous and ordered to provide a biological specimen for the purpose of DNA analysis.

☒ Pursuant to 39-13-521 the defendant is ordered to provide a biological specimen for the purpose of HIV testing.

☒ Pursuant to 39-13-524 the defendant is sentenced to community supervision for life following sentence expiration.

Special Conditions

Chris Craft

Judge's Name

Judge's Signature

Date of Entry of Judgment

Attorney for State Signature (optional)

Defendant/Defendant's Attorney/Signature

CC7-11

CR-3419 (Rev. 1/08) RDA 1167

#473/10
You are hereby commanded to take the body of the defendant, herein named, it to be found in your County Jail of Shelby County, Tennessee, thereafter to execute the Judgment of the Court according to the sentence imposed as shown on the attached Judgment, or until said defendant be otherwise discharged according to the law.

Be it further noted that the defendant has currently pending in the Criminal Courts of Shelby County, Tennessee, the following indictments being still subject to the orders of this Court.

INDICTMENT	COURT DIVISION	OFFENSE

WITNESS, WILLIAM R. KEY, Clerk of the Criminal Court of Shelby County, Tennessee, at office in Memphis, Tennessee.

State of Tennessee
COUNTY OF SHELBY

I, WILLIAM R. KEY, Clerk of the Criminal Court of Shelby County, Tennessee, do hereby certify that the above said and attached Judgment is a true and perfect transcript of Judgment and currently pending indictments in the matter of the State of Tennessee vs. the herein named defendant and indictments as they appear in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Court, at office, in the City of Memphis, Tennessee, this the 11th day of Feb, 20 11.

RECORD & IDENTIFICATION NUMBER

2360627

WILLIAM R. KEY, CLERK

BY: [Signature]

DOCKET NUMBERS: _____

are over/under conviction (s) to Shelby County Jail/S.C.C./Penitentiary for a period of _____

ORDERS ATTACHED TO JUDGMENT:



WEST TENNESSEE STATE PENITENTIARY

STATE OF TENNESSEE

FAX TRANSMITTAL

TO: <i>Lonelle Whitson</i>	FROM: LINDA LAMBIRTH CLERK 3 - RECORDS
AGENCY/COMPANY:	DATE: <i>2-18-71</i>
FAX NUMBER: 615-259-3783	TOTAL NUMBER OF PAGES INCLUDING COVER: <i>2</i>
PHONE NUMBER:	SENDER'S PHONE NUMBER: 731-738-5044 EXT. 2237
SUBJECT: JUDGMENTS	SENDER'S FAX NO.: 731-738-5947

☐ URGENT ☐ FOR REVIEW ☐ PLEASE REPLY

MESSAGE:

REGARDING DETAINERS
<i># 473110 - Pleasantburg, Burg - Shelby Co.</i>

The information contained in this message is confidential and is intended solely for the use of the person or entity named above. This message may contain individual identifiable information that must remain confidential and is protected by state and federal law. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution or reproduction of this message is strictly prohibited. If you have received this message in error, please immediately notify the sender by telephone and destroy the original message. we regret any inconvenience and appreciate your cooperation.

GS-0894 (Rev. 6-03)

16152593783	Normal	18:09:43am	0'23"	2	# 0 K	
Fax/Phone Number	Mode	Start	Time	Page	Result	Note

P.1
WEST TN STATE PEN Fax 7317385947 Feb 18 2011 09:44am

** Transmit Conf. Report **



Shelby County Sheriff's Office

Sheriff Mark H. Luttrell, Jr., 201 Poplar Avenue, Memphis, Tennessee 38103 (901)545-5500

DATE: 02/16/2011

473110

DETAINDER

INMATE'S NAME Boaz Pleasant - Boy
D.O.B 08/18/1983
BOOKING NUMBER 07104623
R&I 366627

DEAR SIR/MADAM;

PLEASE ACKNOWLEDGE THIS DOCUMENT AS A DETAINDER ON THE ABOVE MENTIONED INMATE HOUSED IN YOUR FACILITY. HE/SHE HAVE PENDING CHARGES IN THE COURTS OF

Shelby County
THE FOLLOWING CASE(S) ARE PENDING:

COURT 08 DIV 08

CASE/INDICTMENT # 07-0047

CHARGES Grape of a Child

PLEASE CALL (901) 545-2416 OR FAX (901) 545-2470. IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER.

SINCERELY,

Court date: 03/09/2011

James E. Coleman

JAMES E. COLEMAN, CHIEF JAILER
SHELBY COUNTY JAIL

MISSION: We, the Shelby County Criminal Justice Center, will by employing sound correction practices, provide a safe and humane environment for both staff and inmates in which public safety is emphasized and integrity in words and actions is practiced.



ACA

1120048

IN THE CRIMINAL/CIRCUIT COURT OF SHELBY COUNTY, TENNESSEE

Case Number: 07 00471 Count # 1 Attorney for the State: M. Bell/ A. Wallace
Judicial District: 30th Judicial Division: 8 Counsel for Defendant: Pro Se
State of Tennessee
vs. Defendant: BOAZ PLESANT-BEY Alias: _____
Date of Birth: 06/18/1983 Sex: M Race: B SSN: --
Indictment Filing Date: 01/30/2007 TDOC # _____ State Control # 790007605421
State ID # _____ County Offender ID # 000366627

JUDGMENT

☒ Original ☐ Amended ☐ Corrected

Comes the District Attorney General for the State and the defendant with counsel of record for entry of judgment.

On the 19th day of July, 2010, the defendant:

<input type="checkbox"/> Pled Guilty <input type="checkbox"/> Dismissed/Nolle Prosequi <input type="checkbox"/> Nolo Contendere <input type="checkbox"/> Retired/Unapprehended Defendant <input type="checkbox"/> Guilty Plea - Pursuant to 40-35-313 Is found: <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input checked="" type="checkbox"/> Jury Verdict <input type="checkbox"/> Not Guilty by Reason of Insanity <input type="checkbox"/> Bench Trial	Indictment: Class (circle one) 1 st <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Offense: 39-13-522 RAPE OF A CHILD Amended Charge: _____ Offense Date: 7/16/2005-10/13/2005 County: SHELBY Conviction Offense: Rape of a Child Is this conviction offense methamphetamine related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TCA #: 39-13-522 Sentence Imposed Date: 7/19/2010 Conviction: Class (circle one) 1 st <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

After considering the evidence, the entire record, & all factors in T C A Title 40 Chapter 35, all of which are incorporated by reference herein, the Court's findings & rulings are

Sentence Reform Act of 1989 Offender Status (Check One) <input type="checkbox"/> Mitigated <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Multiple <input type="checkbox"/> Persistent <input type="checkbox"/> Career <input type="checkbox"/> Repeat Violent Release Eligibility (Check One) <input type="checkbox"/> Mitigated 20% <input type="checkbox"/> Mitigated 30% <input type="checkbox"/> Standard 30% <input type="checkbox"/> Multiple 35% <input type="checkbox"/> Persistent 45% <input type="checkbox"/> Career 60% <input type="checkbox"/> Violent 100% <input type="checkbox"/> Multiple Rapist 100% <input checked="" type="checkbox"/> Child Rapist 100% <input type="checkbox"/> Repeat Violent 100% <input type="checkbox"/> Child Predator 100% <input type="checkbox"/> 1 st Degree Murder <input type="checkbox"/> Drug Free Zone <input type="checkbox"/> Gang Related	Concurrent with: Consecutive to:	Pretrial Jail Credit Period(s): From 2/8/07 to 12/21/11 From _____ to _____ From _____ to _____ From _____ to _____
Sentenced To: <input checked="" type="checkbox"/> TDOC <input type="checkbox"/> County Jail <input type="checkbox"/> Workhouse Sentence Length: 23 Years 6 Months _____ Days _____ Hours _____ Weekends <input type="checkbox"/> Life <input type="checkbox"/> Life w/out Parole <input type="checkbox"/> Death Mandatory Minimum Sentence Length: 39-17-417, 39-13-513, 39-13-514 in Drug Free Zone or 55-10-401 DUI 4 th Offense or 39-17-1324 Possession/Employment of Firearm Period of incarceration to be served prior to release on probation _____ Months _____ Days _____ Hours _____ Weekends Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs _____ % (Misdemeanor Only) Alternative Sentence: <input type="checkbox"/> Probation <input type="checkbox"/> Diversion <input type="checkbox"/> Drug Court <input type="checkbox"/> Community Based Alternative - Specify _____ _____ Years _____ Months _____ Days Effective _____		
Court Ordered Fees and Fines: Cost to be Paid by \$ _____ Court Costs <input checked="" type="checkbox"/> Defendant <input type="checkbox"/> State \$ _____ Fine Assessed \$ _____ Traumatic Brain Injury Fund (Drag Racing) \$ _____ Drug Testing Fund (TN Drug Control Act) \$ _____ CICF \$ _____ Sex Offender Tax \$ _____ Other: _____	Restitution: Victim Name _____ Address _____ Total Amount \$ _____ Per Month \$ _____ <input type="checkbox"/> Unpaid Community Service _____ Hours _____ Days _____ Weeks _____ Months	

☒ The Defendant having been found guilty is rendered infamous and ordered to provide a biological specimen for the purpose of DNA analysis

☒ Pursuant to 39-13-521 the defendant is ordered to provide a biological specimen for the purpose of HIV testing

☒ Pursuant to 39-13-524 the defendant is sentenced to community supervision for life following sentence expiration

Special Conditions

Judgment Exec. 12/21/11 MNT Heard & Denied 12/21/11
Chris Craft Judge's Name
7/19/10 Date of Entry of Judgment
Attorney for State/Signature (optional) Defendant/Defendant's Attorney's Signature
CC7-11
CR-3419 (Rev 1/08) RDA 1167

No. 07 00471

STATE OF TENNESSEE

V.

BOAZ PLESANT-BEY

Indictment for

RAPE OF A CHILD

T.C.A. 39-13-522

SCATS CODE - 21871

Witnesses:

Summon for the State

P, PRITT
S.ROBINSON
G.LAWSON
TIERRA MITCHELL
K.ROGERS
GLORIA EDGE

MPD, SEX CRIMES BUREAU

MPD - SEX CRIMES
MPD

MPD
4845 APPLESTONE MEMPHIS,

S. ROBINSON
Prosecutor

A True Bill ✓

Mary F. Thomas
Foreperson of the Grand Jury

Date Indictment Returned: 1-30-07

Kevin P. Key
401 Poplar, Suite 4-01
Memphis, TN 38103
(901) 545-5005

Notice of Intent to Collect on Criminal Court Judgment

Name: _____ Phone: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
SSN: _____ D.O.B. _____

Relative or Friend

Name: _____ Relationship: _____

ESCROW/COLLECTION NOTICE

NAME Boatz-Plesant Bey DATE 12-28-11
DOCKET (S) # 07-00471 DIV. 8

**TAKE THIS CARD
IMMEDIATELY TO:**

CRIMINAL JUSTICE COMPLEX
CRIMINAL COURT CLERK'S OFFICE
4th FLOOR (SUITE 4-01)
201 POPLAR AVENUE @ THIRD ST.
MEMPHIS, TN. 38103
PHONE 545-3640 or 545-5005

Zip: _____
Phone: _____
Zip: _____
se Date: _____

**NOTICE: FAILURE TO REPORT CAN RESULT IN A SUMMONS
TO COURT AND/OR WARRANT ISSUED FOR YOUR ARREST!**

ASSESSMENT OF COST AND/OR FINE(S). I HAVE BEEN ADVISED TO REPORT TO THE CRIMINAL
COURT CLERK'S OFFICE WITHIN FIVE (5) DAYS OF MY RELEASE DATE.

ED AGAINST ME IN THE ABOVE
COUNTY TENNESSEE INCLUDES

**FAILURE TO COMPLY WITH THIS JUDGMENT
MAY RESULT IN CONTEMPT OF COURT**

nnmate Signature: _____ Date: _____
Witness Signature: _____ Date: _____

CC8-1

You are hereby commanded to take the body of the defendant, herein named, it to be found in y County Jail of Shelby County, Tennessee, thereafter to execute the Judgment of the Court according to the sentence imposed as shown on the attached Judgment, or until said defendant be otherwise discharged according to the law.

Be it further noted that the defendant has currently pending in the Criminal Courts of Shelby County, Tennessee, the following indictments being still subject to the orders of this Court.

<u>INDICTMENT</u>	<u>COURT DIVISION</u>	<u>OFFENSE</u>

WITNESS, WILLIAM R. KEY, Clerk of the Criminal Court of Shelby County, Tennessee, at office in Memphis, Tennessee.

State of Tennessee
COUNTY OF SHELBY

I, WILLIAM R. KEY, Clerk of the Criminal Court of Shelby County, Tennessee, do hereby certify that the above said and attached Judgment is a true and perfect transcript of Judgment and currently pending indictments in the matter of the State of Tennessee vs. the herein named defendant and indictments as they appear in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Court, at office, in the City of Memphis, Tennessee, this the 28 day of Dec, 20 11.

RECORD & IDENTIFICATION NUMBER

316687
WILLIAM R. KEY, CLERK

BY: JK

DOCKET NUMBERS: _____

are over/under conviction (s) to Shelby County Jail/S.C.C./Penitentiary for a period of _____

ORDERS ATTACHED TO JUDGMENT:

Registration / Reporting Receipt

OFFENDER TOMIS #/SO#: 00473110

OFFENDER NAME: PLEASANT-BEY, BOAZ

CONTRIBUTING AGENCY: NORTHEAST CORRECTIONAL COMPLEX

REGISTERED BY: WRIGHT, REBECCA

REASON FOR REPORTING-

INFORMATION UPDATE

DATE/TIME REGISTERED/REPORTED: 06/09/2016

Registration Receipt

OFFENDER TOMIS #/SO #: 00473110

OFFENDER NAME: PLEASANT-BEY, BOAZ

CONTRIBUTING AGENCY: HARDEMAN COUNTY CORRECTIONAL
CENTER

REGISTERED BY: BRUMBELOW, TABATHA

REASON FOR REPORTING-

INITIAL REGISTRATION

Registration Date: 07/14/2011



**TENNESSEE SEXUAL OFFENDER / VIOLENT SEXUAL OFFENDER
REGISTRATION / VERIFICATION / TRACKING FORM**
Tennessee Bureau of Investigation 901 R. S. Gass Boulevard, Nashville, TN 37216



____ Previously Registered YES Initial Registration
____ Annual Reporting ____ Quarterly Reporting ____ Information Update

Revision: 6/7/2010

Section A - Registration Information

Please Print or Type all Information

Name: PLEASANT-BEY, BOAZ DOB: 06/18/1983 SSN: 213-04-6373
Alias: PLEASANT-BEY, BOAZ City of Birth: _____ State/Country of Birth: MD
Driver License # _____ State: _____ Government ID # NA Photocopy Made: _____
TOMIS # 00473110 Race: BLACK Sex: M Height: 5-7 Weight: 170 Hair: BLACK Eyes: BROWN
Scars, Marks, Tattoos: _____

Section B -- Offender's complete electronic mail address information, any instant message, chat, or other Internet communication name or identity information.

Section B - Primary Address: P. O. BOX NOT ACCEPTABLE

Secondary Address or Place of Physical Presence

Street: 2520 UNION SPRINGS ROAD Apt/Lot # _____
WHITEVILLE HARDEMAN TN 38075
City _____ County _____ State _____ Zip _____
Phone # 731 254-6000 Start Date: 07/14/2011
Minors residing at residence: NO
Agency to be notified: HARDEMAN COUNTY CORRECTIONAL CENTER
Country: US : UNITED STATES OF AMERICA (USA) (SHOULD BE

Street: _____ Apt/Lot # _____

City _____ County _____ State _____ Zip _____
Phone # _____ Start Date: _____
Minors residing at residence: _____ End Date: _____
Agency to be notified: _____
Country: _____

Mailing Address

Street 2520 UNION SPRINGS ROAD Apt/Lot # _____
P. O. Box: _____
WHITEVILLE HARDEMAN TN 38075
City _____ County _____ State _____ Zip _____
NO Resident of Nursing Home/Assisted Living NO Homeless
Country: _____

Closest Living Relative:

Name: PLEASANT-BEY, JOSHUALANAL
Street 627 WEST BATTLE STREET Apt/Lot # _____
TALLADEGA AL 35160
City _____ County _____ State _____ Zip _____
Phone # _____ Relationship: SISTER
Country: US : UNITED STATES OF AMERICA (USA) (SHOULD BE

Section C - Vehicle, Mobile Home, Trailer or Manufactured Home

Vessel, Live-Aboard Vessel, or Houseboat

VIN: _____ Registered To: _____
License Tag # _____ State _____
Description (color/make/model): _____

Hull _____ Name of _____
Registration # _____ Registered To: _____
Description (color/make/model): _____

Section D - Campus Activity

Student

Employee

Volunteer

Start Date _____

End Date _____

University/School: _____

Campus: _____

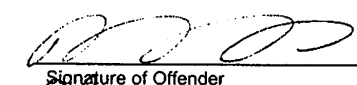
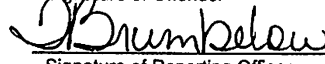
Agency to be Notified: _____

Section E - Employment	Employed	Self-Employed	Unemployed	Type of Employment
Employer 1: _____	Contact: _____	Phone # _____	Start Date: _____	
Address: _____		City _____	County _____	State _____ Zip _____
Employer 2: _____	Contact: _____	Phone # _____	Start Date: _____	
Address: _____		City _____	County _____	State _____ Zip _____
Agency to be Notified Employer 1: _____		Employer 2: _____		

Section F - Offense Information
<div style="display: flex; justify-content: space-between;"> <div>Date of Offense</div> <div>Conviction Offense</div> <div>Offense Location (County & State):</div> <div>Victim</div> </div> <div>1. 07/16/2005 RAPE OF A CHILD</div> <div style="display: flex; justify-content: space-between;"> <div>SHELBY TN</div> <div>Minor <input checked="" type="checkbox"/> Y Age 7 Sex F</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Victim 2: Minor _____ Age _____ Sex _____</div> <div>Victim 3: Minor _____ Age _____ Sex _____</div> <div>Victim 4: Minor _____ Age _____ Sex _____</div> </div> <div>2.</div> <div style="display: flex; justify-content: space-between;"> <div>Minor _____ Age _____ Sex _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Victim 2: Minor _____ Age _____ Sex _____</div> <div>Victim 3: Minor _____ Age _____ Sex _____</div> <div>Victim 4: Minor _____ Age _____ Sex _____</div> </div> <div>3.</div> <div style="display: flex; justify-content: space-between;"> <div>Minor _____ Age _____ Sex _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Victim 2: Minor _____ Age _____ Sex _____</div> <div>Victim 3: Minor _____ Age _____ Sex _____</div> <div>Victim 4: Minor _____ Age _____ Sex _____</div> </div> <div>Release Date: _____</div> <div>Number of Victims: 1</div> <div>Type of Release: _____</div> <div style="display: flex; justify-content: space-between;"> <div>_____ State Probation</div> <div>_____ State Parole</div> <div>_____ What State?</div> <div>_____ Federal Probation</div> <div>_____ Federal Parole</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____ Private Probation</div> <div>_____ County Probation</div> <div>_____ Interstate Compact</div> <div>_____ Expiration of Sentence. No Supervised Release</div> </div> <div>Released to: _____ Federal Correctional Facility _____ Another State Correctional Facility _____ County Jail</div>

Section G - Parole/Probation Officer (or Person Responsible for Supervision):
Name/Title: _____ Phone# _____
Parole/Probation Office: _____ Office Street Address: _____
City: _____ State: _____ County: _____ Zip: _____ Agency to be Notified: _____

Section H - Classification
Sexual Offender <input type="checkbox"/> Violent Sexual Offender <input checked="" type="checkbox"/> Status INACTIVE

Section I - PLEASE READ CAREFULLY BEFORE SIGNING:
<input checked="" type="checkbox"/> I acknowledge I have read and understand the requirements. <input type="checkbox"/> The requirements have been read to me and I understand the requirements.
Tennessee Code Annotated 39-16-702(b)(3): a person who, with the intent to deceive, makes any false statement on the TBI Registration Form is guilty of the felony offense of perjury
<div style="display: flex; justify-content: space-between;"> <div> PLEASANT-BEY, BOAZ Printed Name of Offender BRUMBELOW, TABATHA Printed Name of Reporting Officer </div> <div style="text-align: right;"> <div style="display: flex; justify-content: space-between;"> <div>  Signature of Offender </div> <div> 09/06/11 Date & Time Signed </div> </div> <div style="display: flex; justify-content: space-between;"> <div>  Signature of Reporting Officer </div> <div> 9-16-11 Date & Time Signed </div> </div> </div> </div>

Section J - Contributing Agency Information (Please Print Legibly)	
Agency Name: HARDEMAN COUNTY CORRECTIONAL CENTER	Reporting Officer: BRUMBELOW, TABATHA
Agency Address: PO BOX 549	WHITEVILLE HARDEMAN TN 38075
Street Address	City County State Zip
Phone #: 731 254-6000 Fax #: 731 254-6060	Criminal History Run: FBI# 569160PC5 SID # TN02449051
Photographed? NO	Fingerprinted? NO DNA Collected? _____



Tennessee Bureau of Investigation
Sexual Offender / Violent Sexual Offender / Violent Juvenile Sexual Offender
Instructions Form

Boltz Pleasant-Bey
Offender's Printed Name

473110
Offender's TOMIS / SO #

09/16/11
Date Form Completed

Section 1 – Requirements of the Program

The Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act of 2004 was established in T.C.A., 40-39-201 *et seq.* and became effective August 1, 2004. All persons who meet the criteria listed below and who live, work, establish a physical presence, attend school, or fit any other criteria set out in the statute in Tennessee must register with Tennessee's Sexual Offender / Violent Sexual Offender / Violent Juvenile Sexual Offender Registration, Verification and Tracking System (SOR).

Definitions:

Sexual Offender- Under 40-39-202, "Sexual Offender" means a person who has been convicted in this state of committing a sexual offense as defined in subdivision (20), or its equivalent in another jurisdiction; or has another qualifying conviction as defined in subdivision (2).

Violent Sexual Offender- Under 40-39-202, "Violent Sexual Offender" means a person who has been convicted in this state of committing a "violent sexual offense", as defined in subdivision (28), or its equivalent in another jurisdiction; or has another qualifying conviction, as defined in subdivision (2).

Violent Juvenile Sexual Offender- Under 40-39-202, "Violent Juvenile Sexual Offender" means a person fourteen (14) years of age or more but less than eighteen (18) years of age who has been adjudicated delinquent in this state for any act that constitutes a "violent juvenile sexual offense", as defined in subdivision (28), or its equivalent in another jurisdiction; or has another qualifying conviction, as defined in 40-39-203(a)(2).

Any sexual offender, violent sexual offender or violent juvenile sexual offender who meets any of the conditions above in the Definitions section must register or report with the TN SOR as follows:

1. An offender who is incarcerated in a state, federal, or private penal facility shall, both within 48 hours of arrival and 48 hours prior to release, register or report in person with the warden or warden's designee by completing and signing a TBI Registration Form under the penalty of perjury; or
2. An offender who is incarcerated in a local jail shall, both within 48 hours of arrival and 48 hours prior to release, register or report in person with the sheriff or sheriff's designee by completing and signing a TBI Registration Form under the penalty of perjury; or
3. An offender from another state, jurisdiction, or country who has established a primary or secondary residence in TN, or has established a physical presence at a particular location in TN, shall within 48 hours of establishing such residency or presence, register or report in person with the Police Department (PD) if the primary residence is within city limits or with the Sheriff's Office (SO) if the residence is outside city limits, by completing and signing a TBI Registration Form under the penalty of perjury; or
4. An offender from another state, jurisdiction, or country, who is not a resident of TN, shall, within 48 hours of employment, establishing a physical presence at a particular location in TN, or commencing practice of a vocation in TN, register or report in person with the PD if the place of employment is within city limits, or with the SO if the place of employment is outside city limits, by completing and signing a TBI Registration Form under the penalty of perjury; or
5. An offender from another state, jurisdiction, or country, who is not a resident of TN, shall, within 48 hours of becoming a student in TN, register or report in person with the law enforcement agency of the institution of higher education or the designated law enforcement agency with jurisdiction over the campus by completing and signing a TBI Registration Form under the penalty of perjury; or
6. An offender from another state, jurisdiction, or country who becomes a resident of TN pursuant to the Interstate Compact Act shall register or report within 48 hours of entering the state in person with the Board of Probation and Parole (Board) by completing and signing a TBI Registration Form under the penalty of perjury, in addition to the requirements of the Interstate Compact Act and the specialized conditions for sex offenders from the Board; or
7. Offenders who do not maintain either a primary or secondary residence shall be considered homeless. Homeless offenders are subject to the registration requirements for the SOR and shall register or report with the appropriate law enforcement agency or BOPP monthly by completing and signing a TBI Registration Form under the penalty of perjury; or
8. If an offender is released or discharged from a nursing home, assisted living facility, mental health institution or is no longer continuously confined to home or a health care facility due to mental or physical disabilities, the offender shall, within forty-eight (48) hours, register or report in person with the designated law enforcement agency, completing and signing a TBI registration form, under the penalty of perjury, pursuant to 39-16-702(b)(3). If the offender has previously registered prior to such release or discharge, the offender shall, within forty-eight (48) hours, report in person to the designated law enforcement agency and update all information pursuant to this section; or

Reporting Requirements for Offenders Who Attend, Work at, or Volunteer at an Institution of Higher Education:

1. The offender shall notify the registering agency (PD/SO for offender's primary residence or probation/parole officer) of each institution of higher education in Tennessee at which the offender is employed, volunteers, or is a student; and
2. The offender shall notify the registering agency of each change in enrollment or employment status at each institution of higher education; and
3. If the offender does not have a primary residence in Tennessee, the offender's registering agency shall be the law enforcement agency for the institution of higher education or the law enforcement agency with jurisdiction over the campus.

Sanctions of the Program:

If an adult offender knowingly does any of the following, the offender may be prosecuted in the appropriate jurisdiction on a Class E felony violation of the registration laws. A violent juvenile sexual offender who knowingly violates this section commits a delinquent act as defined by the juvenile code:

- (1) Failure of an offender to timely register or report;
- (2) Falsification of a TBI registration form;
- (3) Failure to timely disclose required information to the designated law enforcement agency;
- (4) Failure to sign a TBI registration form;
- (5) Failure to pay the annual administrative costs, if applicable and financially able;
- (6) Failure to timely disclose status as a sexual offender, violent sexual offender or violent juvenile sexual offender to the designated law enforcement agency upon reincarceration;
- (7) Failure to timely report to the designated law enforcement agency upon release after reincarceration;
- (8) Failure to timely report to the designated law enforcement agency following re-entry in this state after deportation; or
- (9) Failure to timely report to the offender's designated law enforcement agency when the offender moves to another state.

* Additionally, if the offender is on probation, parole, or any other alternative to incarceration, failure to comply with the program requirements will constitute sufficient grounds for and may result in the revocation of offender's probation, parole, or other alternative to incarceration.

No person committing such offenses shall be eligible for suspension of sentence, diversion or probation until the minimum sentence is served in its entirety.

Section 40-39-211

The restrictions set out in 40-39-211(a)-(d) shall not apply to a violent juvenile sexual offender required to register under this part unless otherwise ordered by a court of competent jurisdiction.

40-39-211(a): While mandated to comply with the requirements of this chapter, no sexual offender or violent sexual offender whose victim was a minor shall knowingly establish a primary or secondary residence or any other living accommodation or knowingly accept employment or knowingly obtain sexual offender treatment or attend a sexual offender treatment program within one thousand feet (1,000') of the property line on which any public school, private or parochial school, licensed day care center, or any other child care facility, public park, playground, recreation center or public athletic field available for use by the general public is located.

40-39-211(d)(1): No sexual offender, as defined in 40-39-202, or violent sexual offender, as defined in 40-39-202, shall knowingly: (A) Be upon or remain on the premises of any building or grounds of any public school, private or parochial school, licensed day care center, other child care facility, public park, playground, recreation center or public athletic field available for use by the general public in this state when the offender has reason to believe children under eighteen (18) years of age are present. (B) Stand, sit idly, whether or not the offender is in a vehicle, or remain within one thousand feet (1000') of the property line of, or any building owned or operated by, any public school, private or parochial school, licensed day care center, other child care facility, public park, playground, recreation center or public athletic field available for use by the general public in this state when children under eighteen (18) years of age are present, while not having a reason or relationship involving custody of or responsibility for a child or any other specific or legitimate reason for being there. (C) Be in any conveyance owned, leased or contracted by a school, licensed day care center, other child care facility, or recreation center to transport students to or from school, day care, child care, or a recreation center or any related activity thereof when children under eighteen (18) years of age are present in the conveyance.

40-39-211(d)(2): The provisions in subdivision (d)(1) of this section shall not apply when the offender: (A) Is a student in attendance at the school; (B) is attending a conference with school, day care, child care, park, playground, or recreation center officials as a parent or legal guardian of a child who is enrolled in the school, day care center, other child care center, or of a child who is a participant at the park, playground or recreation center and has received written permission or a request from the school's principal or the facility's administrator; (C) resides at a state licensed or certified facility for incarceration, health or convalescent care; or (D) is dropping off or picking up a child or children and the person is the child or children's parent or legal guardian who has provided written notice of the parent's offender status to the school's principal or a school administrator upon enrollment. The exemption provided in (d)(2)(B) shall not apply if the victim of the offender's sexual offense or violent sexual offense was a minor at the time of the offense and the victim is enrolled in the school, day care center, recreation center or other child care center that is participating in the conference or other scheduled event.

Notification of Federal Duty to Register as a Sex Offender: Under the Sex Offender Registration and Notification Act, a federal law, persons with sex offense convictions must register as a sex offender and keep their registration current in each jurisdiction (state, territory, or tribe) in which they reside, and in each jurisdiction (state, territory, or tribe) where they are employed (including self-employed and non-compensated, and volunteer activities), and in each jurisdiction (state, territory, or tribe) where they are a student. Depending on the type of sex offense for which convicted, offenders must appear in person every three months, every six months, or every year to allow the jurisdiction to take a current photograph and to verify pertinent information. In addition to the requirement for periodic updating of registration, convicted sex offenders are required to notify the jurisdiction where they are required to register not later than three business days (48 hours under Tennessee law), in person, after any change of name, residence, employment, or student status. Convicted sex offenders are required to notify the jurisdiction where they are required to register not later than three business days (48 hours under Tennessee law), of a change of any other information given to the registering agency by the offender that is contained on the registration form. This includes, but is not limited to, changes in the offender's mailing address, vehicle descriptions, vehicle information numbers, and license tag numbers (this includes both vehicles used by the offender), the complete listing of the offender's electronic mail address information or any instant message, chat or other internet communication name or identity that the person uses or intends to use, minors residing in the primary or secondary residence, complete name and all aliases, including pseudonyms and ethnic or tribal names, copies of all passport and immigration documents, professional licensing information that authorizes an offender to engage in an occupation or carry out a trade or business, and any other registration, verification and tracking information contained on the registration form.

Failure to comply with these obligations subjects the convicted offender to prosecution for failure to register or update their registration under federal law, 18 U.S.C. § 2250, punishable by up to 10 years imprisonment, which may be independent of any additional state law violations.

Acknowledgement:

I acknowledge that I have read or had read to me the registration, verification, and tracking requirements for both the State of Tennessee and Federal Law, which begins on page one (1) and ends on page five (5) of this document. The requirements have been fully explained, and I understand these requirements.

Boaz Pleasant-Bey
Offender's Printed Name

[Signature]
Offender's Signature

09/16/11
Date Signed

Talatha Brumbelow
Officer / Official Printed Name

[Signature]
Officer / Official Signature

9-16-11
Date Signed

FIERI FACIAS/WRIT OF EXECUTION (Fi Fa)

STATE OF TENNESSEE

To the Sheriff of Trousdale County, You are hereby commanded, that of the monies, goods, chattels, lands and tenements of Boaz Pleasant-Bey, #473110, TTCC 140 MACON WAY, HARTSVILLE, TN 37074 (PLEASE SERVE TRUST FUND DEPARTMENT-INMATE'S ACCOUNT), if to be found in your county, that you collect the sum of \$92.00, for costs of appeal adjudged against said person(s) in our appellate court, whereof he is convict and liable as it appears of record; and that you have said monies, together with this writ, ready to render before the judges of said Court, at the Supreme Court building in Nashville.

James M. Hivner, Clerk of Court, Issued on: September 20, 2013

Jamie Gibson
By Jamie Gibson, D.C.

NOTE TO SHERIFF OR OFFICER:

This Fi Fa is a legal order from the Tennessee Supreme Court (or Appellate Court) instructing you to execute and collect the court costs and/or judgment, adjudged in this case and endorsed thereon, from the party or parties indicated therein (litigants and/or sureties) and turn same into the undersigned Clerk. If said party declines to pay voluntarily, the Sheriff, by statute, may attach or garnish his monies, bank accounts, wages due, automobile, lands and/or other non-exempt assets or properties, or, you may similarly proceed against the sureties who signed the appeal bond. The collection fee allowed the sheriff (officer's commission) is fixed by statute and should be added to the sums shown herein. When collected, the net amount due to the Court should be made payable to the Appellate Court Clerk and forwarded to the Appellate Court Cost Center, P. O. Box 198781, Arcade Station, Nashville, Tennessee 37219-8781, accompanied by this writ duly endorsed. Thank you for your cooperation.

Court Costs (and Attorney Fees, if applicable).....\$ 92.00
Sheriff Fee.....\$
TOTAL.....\$
Related Invoice(s) 154928 and 157168

Trousdale County, Tennessee

STATE OF TENNESSEE v. BOAZ PLEASANT-BEY

W2014-01807-CCA-MR3-CD

OFFICER'S RETURN:

☒ I hereby certify and return that on the date below I executed this Fieri Facias by:

☐ Reason For Return:

Date: 10-9-14

By:

Officer, Title



**APPELLATE COURT
COST CENTER**

STATEMENT

Arcade Station
P. O. Box 198781
Nashville TN 37219-8781
Telephone: (615)253-5105
Tax ID#: 62-6001445

STATEMENT DATE: SEPTEMBER 20, 2018

FOR: Boaz Pleasant-Bey #473110
Trousdale Turner Correctional Facility
140 Macon Way
Hartsville TN 37074

CASE NO.: W2014-01807-CCA-MR3-CD
STYLE: STATE OF TENNESSEE v. BOAZ
PLEASANT-BEY

Trial Court No: 0700471

Outstanding Invoices

INVOICE DATE	INVOICE NUMBER	INVOICE TYPE	INVOICE STATUS	INVOICED AMOUNT	BALANCE
02/15/2018	154928	Cost Bill	Writ Issued	\$76.00	\$76.00
05/18/2018	157168	Writ	Writ Issued	\$16.00	\$16.00
TOTAL				\$92.00	\$92.00

Payments on the Above Invoices

PAYMENT DATE	RECEIPT NUMBER	PAID BY	PAYMENT METHOD	ON INVOICE (S)	PAYMENT AMOUNT
No records were found.					
TOTAL PAID					\$0.00

Make all checks payable to Appellate Court Cost Center

IN THE COURT OF CRIMINAL APPEALS OF TENNESSEE
AT JACKSON

FILED

02/13/2018

Clerk of the
Appellate Courts

STATE OF TENNESSEE v. BOAZ PLEASANT-BEY

Criminal Court for Shelby County
No. 0700471

No. W2014-01807-CCA-MR3-CD

ORDER

The Appellant has filed a Petition to Rehear, pursuant to Rule 39, Tennessee Rules of Appellate Procedure, to have this Court reconsider its order entered on January 25, 2018, denying the Appellant's motion to appeal as of right under Rule 3(b). The Appellant contends this Court's order overlooks or misapprehends material facts or propositions of law. *See generally* Tenn. R. App. P. 39(a)(3).

It appears from the substance of the petition that the Appellant merely wants this Court to reach an alternate conclusion from that reached in the order. This Court has, again, reviewed the pleadings and concludes that the Appellant's motion to appeal as of right under Rule 3(b) should be denied.

Accordingly, the Appellant's petition to rehear is DENIED. The costs of this motion are taxed to the Appellant.

PER CURIAM

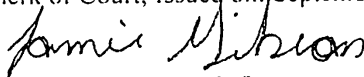
JOHN EVERETT WILLIAMS, JUDGE
ALAN E. GLENN, JUDGE
CAMILLE R. McMULLEN, JUDGE

FIERI FACIAS/WRIT OF EXECUTION (Fi Fa)

STATE OF TENNESSEE

To the Sheriff of Trousdale County, You are hereby commanded, that of the monies, goods, chattels, lands and tenements of **Boaz Pleasant-Bey, #473110, TTCC 140 MACON WAY, HARTSVILLE, TN 37074 (PLEASE SERVE TRUST FUND DEPARTMENT-INMATE'S ACCOUNT)**, if to be found in your county, that you collect the sum of \$92.00, for costs of appeal adjudged against said person(s) in our appellate court, whereof he is convict and liable as it appears of record; and that you have said monies, together with this writ, ready to render before the judges of said Court, at the Supreme Court building in Nashville.

James M. Hivner, Clerk of Court, Issued on: September 20, 2018


By Jamie Gibson, D.C.

NOTE TO SHERIFF OR OFFICER:

This Fi Fa is a legal order from the Tennessee Supreme Court (or Appellate Court) instructing you to execute and collect the court costs and/or judgment, adjudged in this case and endorsed thereon, from the party or parties indicated therein (litigants and/or sureties) and turn same into the undersigned Clerk. If said party declines to pay voluntarily, the Sheriff, by statute, may attach or garnish his monies, bank accounts, wages due, automobile, lands and/or other non-exempt assets or properties, or, you may similarly proceed against the sureties who signed the appeal bond. The collection fee allowed the sheriff (officer's commission) is fixed by statute and should be added to the sums shown herein. When collected, the net amount due to the Court should be made payable to the Appellate Court Clerk and forwarded to the Appellate Court Cost Center, P. O. Box 198781, Arcade Station, Nashville, Tennessee 37219-8781, accompanied by this writ duly endorsed. Thank you for your cooperation.

Court Costs (and Attorney Fees, if applicable)..... \$ 92.00
Sheriff Fee \$ _____
TOTAL \$ _____
Related Invoice(s): 154928 and 157168

Trousdale County, Tennessee

STATE OF TENNESSEE v. BOAZ PLEASANT-BEY

W2014-01807-CCA-MR3-CD

OFFICER'S RETURN:

☐ I hereby certify and return that on the date below I executed this Fieri Facias by:

☐ Reason For Return: _____

Date: _____

By: _____
Officer, Title



APPELLATE COURT COST CENTER
Arcade Station
P.O. Box 198781
Nashville, TN 37219-8781
(615) 253-5105

Dear Sheriff:

Enclosed please find fieri facias/writ(s) of execution for service on the party(ies) which owe court costs to the Appellate Court of the State of Tennessee. In order to effectively collect these costs, we anticipate receiving a return of service on each writ we send out, whether funds have been collected or not pursuant to T.C.A. § 26-1-401 and T.C.A. § 26-1-402. The return should be marked with the result of service (not to be found, incorrect address, deceased, nulla bona, served on inmate accounts, recalled, or other), and signed and dated by the sheriff or deputy who handled the writ of execution(s), in the box in the lower left corner of the writ(s). The service, pursuant to T.C.A. § 26-1-401, is returnable within thirty (30) days after the date of issuance. The writ should then be returned to:

APPELLATE COURT COST CENTER
Arcade Station
P.O. Box 198781
Nashville, TN 37219-8781

You are entitled to a fee pursuant to T.C.A. §§ 8-21-901(2)(A) and (5)(A). In order to receive a fee for service of the Fieri Facias/Writ of Execution, money must be collected for the Appellate Court. Please add your fee to the amount of court costs and collect the total amount due from the party.

If you require additional copies of the writ(s) to be sent to you for the return, please call me at (615) 253-5105 and let me know what exactly your office requires.

Thank you for your assistance in this matter.

Jamie Gibson, Deputy Clerk

Records



TENNESSEE DEPARTMENT OF CORRECTION
INMATE INQUIRY - INFORMATION REQUEST

NECX

INSTITUTION

Boaz Pleasant-Bey
INMATE NAME (Please Print)

473110
INMATE NUMBER

UNIT: 11 ROOM / BED: 44

DATE: 8/3/15

ROUTED TO: ☐ Unit Manager ☐ Inmate Relations Coordinator (IRC) ☐ Counselor ☐ Job Coordinator

1. Inmate Inquiry/Request:

Currently, there is a detainer on me for a charge that was dismissed in 2010 and is no longer pending. The charge was in Shelby County Jail in Memphis Tenn. General Sessions Court. The case was dismissed. The detainer should be removed. Please contact Memphis to inquire about the dismissed case so the detainer can be lifted. The detainer adds about 6 points to my security level. I've been staying out of trouble and the detainer needs to be lifted.

2. Action by Counselor/IRC:

COUNSELOR / IRC SIGNATURE

DATE

3. Action by Record Office:

Per Shelby Co Court, the case is still pending. Detainer will remain.

David Barber
RECORD'S OFFICE STAFF SIGNATURE

8-6-15
DATE

4. Sentence Management Service (SMS) Response:

SMS STAFF SIGNATURE

DATE

EMERGENCY NOTIFICATION FORM

INMATE NAME: Boaz Pleasant-Bey

INMATE TDOC: 473110

Contact in Case of an Emergency

NAME: Elihu Pleasant-Bey

RELATIONSHIP: Father

ADDRESS: 542 East 5th Avenue

Kenbridge, VA 23944

TELEPHONE NUMBER: 434-676-1555

COMMENTS: _____

DISTRIBUTION: INMATE INSTITUTIONAL FILE



TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

W C F A

INSTITUTION

INMATE NAME: Boaz Pleasant-Bey TDOC #: 473110

I have completed the orientation program of this institution. I have been further advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☒ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS
- ☒ PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS

Boaz Pleasant-Bey
Inmate Signature

6/10/13
Date

Boaz Pleasant-Bey
Inmate Representative

6-10-13
Date

Q. Minter
Staff Member Signature

6/11/2013
Date

Pleasant-Bey

Emergency Notification

Use this memorandum to update the next of kin and/or person to contact in an emergency. Policy requires that someone be notified in emergency situations. In some cases, you may prefer that a person other than your next of kin be notified.

Next of Kin

Name ~~John P. Parker~~ Antionette Brittenum Relationship friend of family

Street 1-123 Elvis Presley Blvd. Phone 901-771-3001

Alternate Phone Same

City Memphis State Tenn. Zip 38106

Notify in Emergency (if different from Next of Kin)

Name Joshua L. Pleasant-Bey Relationship Sister

Street 627 West Battle Street Phone _____

Alternate Phone _____

City Talladega State Alabama Zip 35160

TO : **WTSP Records**

Please add the above information to my institutional records.

[Signature]
Inmate's Signature

473110
TDOC Number

2/17/11
Date

[Signature]
Staff Signature

CO
Job Title

2/17/11
Date

This information will be kept confidential and will be used only by the chaplain and/or designated staff members.

Revised 8/10
(sas)



TENNESSEE DEPARTMENT OF CORRECTION
NOTICE OF DENIAL OF PROGRAM CREDITS

1 Jernall
EA 205

INSTITUTION: TTCC

INMATE: Booy Plummer-bey TDOC # 473110

You have received less than the maximum total program credits for the period of: 10-26-18 TO 11-25-18

Because: absence

Total Program Credits Awarded for this Period: 3

Supervisor: D. Mahan Date: 12-3-18

If you wish to appeal this decision, sign and forward your copy to the warden within five (5) days.

[Signature] Inmate's Signature 473110 Number 1/7/19 Date

Briefly state the reason(s) you believe you should have received more program credits: I'm a new student who has perfect attendance, I don't miss any class and I shouldn't miss program credits.

Warden's decision: Affirm ☒ Reversed ☐ Modify ☐

Comments/Reasons:

[Signature] Warden's Signature 1-9-2019 Date



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS Site ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: 473110

INMATE NAME (LAST) (14 characters)

FIRST (10 characters)

MI

Pleasant-Bey

Betz

IM

ADVISOR NUMBER:

106568

INMATE ADVISOR NAME (LAST) (14 characters)

FIRST (10 characters)

MI

WOODS

DANR

DATE OF HEARING

PLACE OF HEARING

INMATE'S PLEA

MO

DAY

YEAR

TIME

INSTITUTION

GUILTY - ☒

NOT GUILTY - N

8

14

12

12:05

H.C.C.

COMMITTEE DECISION

GUILTY - ☒

NOT GUILTY - N

APPEALED - Y

NOT APPEALED - N

DISCIPLINARY ACTION DATE
(MONTH, DAY, YEAR)

CLASS OF INFRACTION
(A, B, or C)

PROBATION END DATE
(MONTH, DAY, YEAR)

8-14-12

C

N/A

ENTERED BY

VERIFIED BY

DATE

DATE

PRELIMINARY INQUIRY

1. WAIVERS

a. I agree to waive the right to 24-hour notice.

☒ Yes ☐ No

Boog Pleasant-Bey
Inmate Signature

473110
Number

8-14-12
Date

b. I agree to waive the right to have the reporting official present.

☒ Yes ☐ No

Boog Pleasant-Bey
Inmate Signature

473110
Number

8-14-12
Date

c. I agree to waive the right to call witness(es) on my behalf.

☒ Yes ☐ No

Boog Pleasant-Bey
Inmate Signature

473110
Number

8-14-12
Date

2. CONTINUANCE:

a. Was case previously continued?

☐ Yes ☒ No

b. If yes, when and at whose request?

N/A

3. CUSTODY PENDING HEARING:

Was inmate held in segregation/more restrictive setting pending

a. hearing?

☒ Yes ☐ No

If yes, when was he/she placed in

b. segregation?

N/A

4. When was inmate given offense citation?

5. Is inmate represented by inmate advisor?

☒ Yes ☐ No

By staff advisor? ☐ Yes

☒ No

6. Has inmate or inmate advisor had adequate time to prepare defense?

☒ Yes

☐ No

104665
INSTITUTION (TOMIS SITE ID)

975F45
DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME: Batz Pleasant-Bey

TDOC NUMBER: 473110

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf, must accept whatever punishment is imposed, and will not be allowed to appeal.

X Batz Pleasant-Bey
Inmate Signature

08/17/12
Date

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

Witness(es) Against Offender

Written Statement(s) submitted: ☐ Yes ☐ No

Written Statement(s) submitted: ☐ Yes ☐ No

Form CR3510 completed: ☐ Yes ☐ No

Form CR3510 received by disciplinary board: ☐ Yes ☐ No

OTHERS PRESENT:

STATEMENT OF ACCUSED:

I refused my cell to avoid a major physical altercation. There is a serious issue in all prs in P.C.

I/n Plea guilty

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).

INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☐ No

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS

I/n Plea guilty

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION:

Accept guilty Plea Reason D-H-O

SP59

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐

Good Conduct ☐

(Amount) _____

Incentive Time ☐

Prisoner Performance Sentence Credits (PPSC) ☐

(Amount) _____

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount) _____

[Signature]
Disciplinary Board Chairperson/Hearing Officer Signature

8-14-12
Date

Member

Date

Member

Date

Better Hammond



TENNESSEE DEPARTMENT OF CORRECTION
AGREEMENT TO PLEAD GUILTY
AND
WAIVER OF DISCIPLINARY HEARING AND DUE PROCESS RIGHTS

Inmate Name: Boyz Pleasant - Bey TDOC Number: 473110

Having been in violation of rules as follows:

Disciplinary Docket Number: 104665 # 975F49
Offenses and Category: KCA C

I admit I violated the above listed rule(s) and agree to plead guilty and accept whatever punishment the disciplinary board may impose. In making this agreement, I understand that I am waiving the following rights:

1. The right to personally appear before the disciplinary board
2. The right to plead not guilty and to have the case against me proven by a preponderance of evidence.
3. The right to present my own version of the facts.
4. The right to call witnesses in my own behalf.

I am signing this agreement of my own free will and under no threat or coercion to do so. I understand that by signing this agreement, I must accept whatever punishment the disciplinary board may impose and will not be allowed to appeal.

Boyz Pleasant - Bey
Inmate Signature

08/17/12
Date


Chob. Box
Staff Witness

8/14/12
Date

[Signature]
Disciplinary Board Chairperson

F-111-R
Date

Disciplinary

 Suspend ☐

ETOMIS ID **00473110** Pleasant-bey. Boaz

Status ACTV

Reset key fields

Refresh

Enter

Incident Date	Incident ID	Disc Class	First Infraction Type
08/13/2012	00975849		RCA REFUSED CELL ASSIGNMENT
08/01/2012	00973710		IND INDECENT EXPOSURE
04/09/2011	00892435		IND INDECENT EXPOSURE

Search

SP5

FastPath Go

Bottom Of List

SP5

TENNESSEE DEPARTMENT OF CORRECTION DATE: 08/13/2012
T O M I S TIME: 16:07
DISCIPLINARY REPORT PAGE: 01

INCIDENT

INCIDENT DATE: 08/13/2012 INCIDENT TIME: 13:30:00
INCIDENT TYPE: REFUSED CELL ASSIGNMENT
DISCIPLINARY CLASS:
INFRACTION TYPE: REFUSED CELL ASSIGNMENT
WEAPON USED:
VIOLENCE COMMITTED: NO VIOLENCE
PREPARED BY STAFF ID: HENSJO02
REPORTED BY STAFF ID: HENSJO02

PERSON ID: HENSJO02
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 00473110
PERSON TYPE: O
INJURED (Y/N): N

DOCKET #: 104665
SERVER: 570 6600r
DATE/TIME: 8-17-12 2015
ADVISOR: Woods



RI01MGI.
HCCF
HENSJO02

TENNESSEE DEPARTMENT OF CORRECTION DATE: 08/13/2012
T O M I S TIME: 16:07
DISCIPLINARY REPORT PAGE: 02

TOMIS ID: 00473110 INCIDENT ID: 00975849
OFFENDER NAME: PLEASANT-BEY, BOAZ

DESCRIPTION:

ON 8/13/12 AT APPROXIMATELY 1330 HRS. INMATE PLEASANT-BEY, BOAZ
#473110. STATED TO MYSELF, U/M HENSON THAT HE WAS NOT GOING BACK TO
HIS CELL MB204. THEREFORE I U/M HENSON CHARGE I/M PLEASANT-BEY,
#473110 WITH REFUSAL OF CELL ASSIGNMENT.
BRYANT WILLIAMS NOTIFIED 1400 HRS.

PREPARED BY STAFF ID: HENSJO02 HENSON, JOANNE
REPORTED BY STAFF ID: HENSJO02 HENSON, JOANNE

I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED
RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.

Pleasant Bey
OFFENDER SIGNATURE
PLEASANT-BEY, BOAZ

8-13-12 2015
DATE/TIME
00473110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO
SIGN REPORT.

STG Glover
EMPLOYEE INITIALS, IF REPORTING
EMPLOYEE, OTHERWISE, FULL NAME.

8-13-12 2015
DATE/TIME

BI01MGL
HCCF
HENSJ002

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 08/13/2012
TIME: 16:07
PAGE: 03

TOMIS ID: 00473110 INCIDENT ID: 00975849
OFFENDER NAME: PLEASANT-BEY, BOAZ

Hens Joura
REPORTING OFFICIAL

8-13-12 1330
DATE/TIME

Hens Joura
PREPARED BY

8-13-12 1607
DATE/TIME

[Signature]
REVIEWING DESIGNATED SUPERVISOR

8/13/12 1853
DATE/TIME

IF PLACED IN SEGREGATION:

Will Brax
SENIOR SECURITY OFFICER

8-13-12 1400
DATE/TIME

WARDEN (SEGREGATION PENDING INVESTIGATION) DATE/TIME



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS SITE ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: <u>473110</u>			
INMATE NAME (LAST) (14 characters) <u>Pleasant-Bey</u>		FIRST (10 characters) <u>Boaz</u>	MI
ADVISOR NUMBER: _____			
INMATE ADVISOR NAME (LAST) (14 characters) <u>Zinkle</u>		FIRST (10 characters) <u>David</u>	MI
DATE OF HEARING		PLACE OF HEARING	INMATE'S PLEA
MO <u>3</u>	DAY <u>22</u>	YEAR <u>13</u>	TIME <u>1100</u>
INSTITUTION <u>HCCF</u>		GUILTY - Y	NOT GUILTY <u>(N)</u>

COMMITTEE DECISION			
GUILTY - <u>(Y)</u>	NOT GUILTY - N	APPEALED - Y	NOT APPEALED - N
DISCIPLINARY ACTION DATE (MONTH, DAY, YEAR) <u>3-22-13</u>		CLASS OF INFRACTION (A, B, or C) <u>B</u>	PROBATION END DATE (MONTH, DAY, YEAR)
ENTERED BY <u>[Signature]</u>		VERIFIED BY _____	
DATE _____		DATE _____	

PRELIMINARY INQUIRY

1. WAIVERS

- a. I agree to waive the right to 24-hour notice. ☒ Yes ☐ No
Boaz Pleasant-Bey Inmate Signature 473110 Number 3-22-13 Date
- b. I agree to waive the right to have the reporting official present. ☒ Yes ☐ No
Go T. Jarmon Inmate Signature 473110 Number 3-22-13 Date
- c. I agree to waive the right to call witness (es) on my behalf. ☒ Yes ☐ No
Boaz Pleasant-Bey Inmate Signature 473110 Number 3-22-13 Date

2. CONTINUANCE:

- a. Was case previously continued? ☒ Yes ☐ No
- b. If yes, when and at whose request? 4-2-13, DHC

3. CUSTODY PENDING HEARING:

- Was inmate held in segregation/more restrictive setting pending
- a. hearing? ☐ Yes ☐ No
- If yes, when was he/she placed in
- b. segregation? 4/2

4. When was inmate given offense citation? 3-19-13
5. Is inmate represented by inmate advisor? ☒ Yes ☐ No By staff advisor? ☐ Yes ☒ No
6. Has inmate or inmate advisor had adequate time to prepare defense? ☒ Yes ☐ No

HCCF
INSTITUTION (TOMIS SITE ID)

10110137/110787
DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME: Buaz Pleasant Bey

TDOC NUMBER: 473110

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf, must accept whatever punishment is imposed, and will not be allowed to appeal.

Inmate Signature

Date

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

Witness(es) Against Offender

Written Statement(s) submitted: ☐ Yes ☒ No

Written Statement(s) submitted: ☒ Yes ☐ No

Form CR3510 completed: ☐ Yes ☒ No

Form CR3510 received by disciplinary board: ☐ Yes ☒ No

OTHERS PRESENT:

STATEMENT OF ACCUSED:

Why do you keep constantly harrasing me? DHO advised him to talk about this clay only. I'm stated that he wasn't going to win anyway so to do whatever I wanted

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).

INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☐ No

10110137/110787

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS

Write up

Based upon

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION:

DHO finds I'm guilty due to body of write up and recommends 5PSG and \$400 fine

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐ Good Conduct ☐

(Amount) _____

Incentive Time ☐ Prisoner Performance Sentence Credits (PPSC) ☐

(Amount) _____

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount) _____

See future

Disciplinary Board Chairperson/Hearing Officer Signature

3-22-13

Date

Member

Date

Member

Date



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY CONTINUATION

Page ____ of ____ Pages

DATE: 3-22-13

DISCIPLINARY NUMBER: 10110137 / 110787

NAME (LAST) (14 characters)

Pleasant-Bey

FIRST (10 characters)

Braz

MI

OFFENDER NUMBER: 473110

ATTACH TO: _____ BIO1D026 _____ CR-1833 _____ CR-1834

Advisor: Can you see directly into the cell R.C.
yes I can you can come + look yourself
Advisor NO MORE questions

BCIO Johnson

Signature of Reporting Employee

3-22-13

Date

Inmate Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY CONTINUATION

Page ____ of ____ Pages

DATE: 3-15-13

DISCIPLINARY NUMBER: 1011013-110787

NAME (LAST) (14 characters)

PLEASANT-BCY

FIRST (10 characters)

BOAZ

MI

OFFENDER NUMBER:

473110

ATTACH TO:

BIO1DO26

CR-1833

CR-1834

CONT AT D.H.Os

Request For MI MORE THAN

7 Days. For R/O to be present

SLC Gutro

Signature of Reporting Employee

PIRKIE

Inmate Signature

3-15-13

Date

3-15-13

Date

DOCKET #: 110787
SERVER: S/O King
DATE/TIME: 03/09/2013
ADVISOR: self (himself)

INVESTIGATOR: TENNESSEE DEPARTMENT OF CORRECTIONS DATE: 03/09/2013
FILE: 004/3110 TIME: 14:04
OFFENSE: DISCIPLINARY REPORT PAGE: 01

OFFENDER NAME: PLEASANT, ROY
INM ID: 004/3110
INSTITUTION NAME: HARRIS COUNTY CORRECTIONAL FACILITY
VIT ID: 001
CIT ID: 01

INCIDENT TYPE: SEXUAL
INCIDENT DATE: 03/09/2013 INCIDENT TIME: 10:00
INCIDENT TYPE: INMATE EXPOSURE
DISCIPLINARY CLASS:
EXPOSURE TYPE: INMATE EXPOSURE
WEAPON USED: NONE
VIOLENCE COMMITTED: SEXUAL
PREPARED BY STAFF ID: RICKETT
REPORTED BY VIOL ID: JARRETT

OFFENSE/VICTIM/PERSONS INVOLVED
PERSON ID: 004/3110
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 004/3110
PERSON TYPE: N
INJURED (Y/N): N

*I'm Recieved
a copy.
S/O King*

*5 pro 60
\$400*

RIKKELO TENNESSEE DEPARTMENT OF CORRECTION DATE: 03/09/2013
 RICE I O A I S TIME: 14:04
 RICKETLO DISCIPLINARY REPORT PAGE: 02

INMIS ID: 004/3110 INCIDENT ID: 01011013
 OFFENDER NAME: PLEASANT-BEY, ROAZ

DESCRIPTION:

ON 3-9-2013 AT APPROXIMATELY 1020 HOURS J, CORRECTIONAL OFFICER I. JARRON, WAS IN A-DEF CONTROL BOOTH MONITORING CORRECTIONAL OFFICER X. CLEAVES COUNT IN A-E POD. WHEN J, CORRECTIONAL OFFICER I. JARRON, NOTICED INMATE ROAZ PLEASANT-BEY # 4/3110 SITTING UP WITH HIS BACK AGAINST THE WALL ON THE TOP BUNK IN KE-107, WHICH IS DIRECTLY IN FRONT OF A-E CONTROL PANEL, LOOKING DIRECTLY AT ME WITH HIS PENIS IN HIS HAND STROKING IT IN AN UP AND DOWN MOTION. SO THEREFORE I, CORRECTIONAL OFFICER I. JARRON, AM CHARGING INMATE PLEASANT-BEY # 4/3110 WITH INDECENT EXPOSURE.

PREPARED BY STAFF ID: RICKETLO RICKETTS, ELIZABETH
 REPORTED BY STAFF ID: JARRON I JARRON, JEFFERY

I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.

Refused to sign
 OFFENDER SIGNATURE
 PLEASANT-BEY, ROAZ

03/09/2013-1658
 DATE/TIME
 004/3110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO SIGN REPORT.

S/O Deng
 EMPLOYEE INITIALS, (IF REPORTING
 EMPLOYEE; OTHERWISE, FULL NAME.

03/09/2013-1458
 DATE/TIME

101861
CLF
100101

TENNESSEE DEPARTMENT OF CORRECTIONS
J O R I S
DISCIPLINARY REPORT

DATE: 03/09/2013
TIME: 14:04
PAGE: 03

DOJN ID: 004/3110 INCIDENT ID: 01011013
OFFENDER NAME: PIFASANI-KEY, ROAZ

Jarmtiyi
REPORTING OFFICIAL

3-9-13 10²⁰ AM
DATE/TIME

Ricketts
PREPARED BY

3-9-13 14⁰⁴ PM
DATE/TIME

WEO
VIEWING DESIGNATED SUPERVISOR

3-9-13 15⁰⁰ PM
DATE/TIME

PLACED IN SEGREGATION:

HIGHER SECURITY OFFICER

DATE/TIME

HIGHER (SEGREGATION PENDING INVESTIGATION)

DATE/TIME



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS SITE ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: <u>473110</u>			
INMATE NAME (LAST) (14 characters) <u>Pleasant - Bey</u>		FIRST (10 characters) <u>Boaz</u>	MI
ADVISOR NUMBER: <u>106568</u>			
INMATE ADVISOR NAME (LAST) (14 characters) <u>WOODS</u>		FIRST (10 characters) <u>DARR</u>	MI
DATE OF HEARING MO <u>5</u> DAY <u>20</u> YEAR <u>13</u> TIME <u>9:20 AM</u>		PLACE OF HEARING INSTITUTION <u>H.C.C.K.</u>	INMATE'S PLEA GUILTY <input checked="" type="checkbox"/> NOT GUILTY - N <input type="checkbox"/>

COMMITTEE DECISION			
GUILTY - <input checked="" type="checkbox"/>	NOT GUILTY - N <input type="checkbox"/>	APPEALED - Y <input type="checkbox"/>	NOT APPEALED - <input checked="" type="checkbox"/>
DISCIPLINARY ACTION DATE (MONTH, DAY, YEAR) <u>5-20-13</u>		CLASS OF INFRACTION (A, B, or C) <u>B</u>	PROBATION END DATE (MONTH, DAY, YEAR) <u>2/14</u>
ENTERED BY <u>[Signature]</u>		VERIFIED BY <u>[Signature]</u>	
DATE		DATE	

PRELIMINARY INQUIRY

1. WAIVERS

a. I agree to waive the right to 24-hour notice.

☒ Yes ☐ No

[Signature]
Inmate Signature

473110
Number

5-20-13
Date

b. I agree to waive the right to have the reporting official present.

☒ Yes ☐ No

[Signature]
Inmate Signature

473110
Number

5-20-13
Date

c. I agree to waive the right to call witness (es) on my behalf.

☒ Yes ☐ No

[Signature]
Inmate Signature

473110
Number

5-20-13
Date

2. CONTINUANCE:

a. Was case previously continued?

☒ Yes ☐ No

b. If yes, when and at whose request?

5-13-13 I/M

3. CUSTODY PENDING HEARING:

Was inmate held in segregation/more restrictive setting pending

a. hearing?

☒ Yes ☐ No

If yes, when was he/she placed in

b. segregation?

5-20-13

4. When was inmate given offense citation?

5. Is inmate represented by inmate advisor?

☒ Yes ☐ No

By staff advisor? ☐ Yes ☒ No

6. Has inmate or inmate advisor had adequate time to prepare defense?

☒ Yes ☐ No

HCCF
INSTITUTION (TOMIS SITE ID)

112754/1022058
DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME:

BRAZ Pleasant-Bey

TDOC NUMBER:

473110

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf, must accept whatever punishment is imposed, and will not be allowed to appeal.

[Signature]
Inmate Signature

Date

5-20-23

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

N/A

Witness(es) Against Offender

N/A

Written Statement(s) submitted: ☐ Yes ☒ No

Written Statement(s) submitted: ☐ Yes ☒ No

Form CR3510 completed: ☐ Yes ☒ No

Form CR3510 received by disciplinary board: ☐ Yes ☒ No

OTHERS PRESENT:

N/A

N/A

STATEMENT OF ACCUSED:

I'm Plead guilty

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).

INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☒ No

[Signature]

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS

I'm Plead guilty

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION:

Accept guilty Plea Recommend 5 PIS

D.H.

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐

Good Conduct ☐

(Amount)

Incentive Time ☐

Prisoner Performance Sentence Credits (PPSC) ☐

(Amount)

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount)

SC40 Intrell

Disciplinary Board Chairperson/Hearing Officer Signature

5-20-23

Date

Member

Date

Member

Date

Seg 20



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY CONTINUATION

Page ____ of ____ Pages

DATE: 5-13-13

DISCIPLINARY NUMBER: 1022098/112794

NAME (LAST) (14 characters)

Pleasant - Bey

FIRST (10 characters)

Boaz

MI

OFFENDER NUMBER:

473110

ATTACH TO:

BIO1DO26

CR-1833

CR-1834

Cont at Inmate request no more than seven
days for more time to prepare.

Mario Luna
Signature of Reporting Employee

5-13-13
Date

Boaz Pleasant 473110
Inmate Signature

5/13/13
Date



TENNESSEE DEPARTMENT OF CORRECTION
AGREEMENT TO PLEAD GUILTY
AND
WAIVER OF DISCIPLINARY HEARING AND DUE PROCESS RIGHTS

Inmate Name: BOAZ Pleasant-Bey TDOC Number: 473110

Having been in violation of rules as follows:

Disciplinary Docket Number: 1022092 / 112794
Offenses and Category CLASS-B

I admit I violated the above listed rule(s) and agree to plead guilty and accept whatever punishment the disciplinary board may impose. In making this agreement, I understand that I am waiving the following rights:

1. The right to personally appear before the disciplinary board
2. The right to plead not guilty and to have the case against me proven by a preponderance of evidence.
3. The right to present my own version of the facts.
4. The right to call witnesses in my own behalf.

I am signing this agreement of my own free will and under no threat or coercion to do so. I understand that by signing this agreement, I must accept whatever punishment the disciplinary board may impose and will not be allowed to appeal.

[Signature]
Inmate Signature

5-20-13
Date

[Signature]
Staff Witness

5-20-13
Date

[Signature]
Disciplinary Board Chairperson

5-20-13
Date

DOCKET #: 112 794
RECEIVED: Ples
DATE/TIME: 5-11-13 5:02
ADVISOR: Wendy

CC01M01 TENNESSEE DEPARTMENT OF CORRECTION DATE: 05/11/2013
CCCF T O H I S TIME: 04:08
CCV11101 DISCIPLINARY REPORT PAGE: 01

OFFENDER NAME: PLEASANT-BEY, BOAZ
ONIS ID: 00473110
INSTITUTION NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
UNIT ID: SEG
CELL ID: 20

INCIDENT

INCIDENT ID: 01022098
INCIDENT DATE: 05/10/2013 INCIDENT TIME: 21:00:00
INCIDENT TYPE: REFUSED CELL ASSIGNMENT
DISCIPLINARY CLASS:
INFRACTION TYPE: REFUSED CELL ASSIGNMENT
WEAPON USED: NONE
VIOLENCE COMMITTED: NO VIOLENCE
PREPARED BY STAFF ID: GIBBWI01
REPORTED BY STAFF ID: GIBBWI01

WITNESSES/VICTIMS/PERSONS INVOLVED

PERSON ID: GIBBWI01
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 00473110
PERSON TYPE: O
INJURED (Y/N): N

SEGREGATION

SEGREGATED BY: GIBBWI01
START DATE: 05/10/2013 TIME: 23:10:00
SCHEDULED END DATE: 05/13/2013 TIME: 23:10:00
ACTUAL END DATE: TIME:
SEGREGATION TYPE: SEGREGATION PEND DISC. HEAR

5/15/13
\$400

BIRINGI TENNESSEE DEPARTMENT OF CORRECTION DATE: 05/11/2013
 HCCF T O M I S TIME: 04:08
 80V11101 DISCIPLINARY REPORT PAGE: 02

TOWIS ID: 00473110 INCIDENT ID: 01022098
 OFFENDER NAME: PLEASANT-BEY, 80AZ

DESCRIPTION:

ON 5/10/13 AT APPROXIMATELY 2100 P.M., INMATE PLEASANT-BEY, 80AZ # 473110 WAS ASKED TO STEP INTO HIS CELL BY CORRECTION OFFICER JENKINS HE REFUSED. CO JENKINS CALLED ON THE RADIO A RCA IN MC POD. I SCO GIBBS ASKED INMATE PLEASANT-BEY # 473110 TO STEP INTO HIS CELL MC 106 HE STATED I AM RCA, DUE TO INMATE DEVON PARKER ON HB POD SIDE ARE ENEMIES, I WILL DO WHAT I HAVE TO DO. I SCO GIBBS AM CHARGING I/M PLEASANT-BEY # 473110 WITH REFUSAL OF CELL ASSIGNMENT.

PREPARED BY STAFF ID: 6188W101 GIBBS, WILLIE
 REPORTED BY STAFF ID: 6188W101 GIBBS, WILLIE

I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.

Refuse to sign
 OFFENDER SIGNATURE
 PLEASANT-BEY, 80AZ

5-11-13 5:04
 DATE/TIME
 00473110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO SIGN REPORT.

W. Gibbs
 EMPLOYEE INITIALS, IF REPORTING
 EMPLOYEE; OTHERWISE, FULL NAME.

5-11-13 5:04
 DATE/TIME

INM61 TENNESSEE DEPARTMENT OF CORRECTION DATE: 05/11/2013
ICCF T O M S TIME: 04:08
0V11101 DISCIPLINARY REPORT PAGE: 03

ORIS ID: 00473110 INCIDENT ID: 01022098
OFFENDER NAME: PLEASANT-BEV, 80A2

Subbmal
REPORTING OFFICIAL

5/10/13 @ 2100
DATE/TIME

Subbmal
REPAIRED BY

5/10/13 @ 2210
DATE/TIME

[Signature]
EVALUATING DESIGNATED SUPERVISOR

5/11/13 @ 0415
DATE/TIME

PLACED IN SEGREGATION:

WillBro1
SENIOR SECURITY OFFICER

5/10/13 @ 2215
DATE/TIME

ORDEN (SEGREGATION PENDING INVESTIGATION) DATE/TIME

WCFA



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS SITE ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: 473110

INMATE NAME (LAST) (14 characters) PLEASANT BEY FIRST (10 characters) BOAL MI _____

ADVISOR NUMBER: 106568

INMATE ADVISOR NAME (LAST) (14 characters) WOODS FIRST (10 characters) DANA MI _____

DATE OF HEARING MO 6 DAY 3 YEAR 13 TIME 12:30 PM PLACE OF HEARING INSTITUTION H.C.C.F. INMATE'S PLEA GUILTY - ☒ NOT GUILTY - N ☐

COMMITTEE DECISION

GUILTY ☒ NOT GUILTY - N _____ APPEALED - Y _____ NOT APPEALED - N N/A

DISCIPLINARY ACTION DATE (MONTH, DAY, YEAR) 6-3-13 CLASS OF INFRACTION (A, B, or C) B PROBATION END DATE (MONTH, DAY, YEAR) N/A

ENTERED BY [Signature] DATE _____ VERIFIED BY _____ DATE _____

PRELIMINARY INQUIRY

1. WAIVERS

- a. I agree to waive the right to 24-hour notice. ☒ Yes ☐ No

[Signature]
Inmate Signature

473110 6/3/13
Number Date

- b. I agree to waive the right to have the reporting official present. ☒ Yes ☐ No

[Signature]
Inmate Signature

473110 6/3/13
Number Date

- c. I agree to waive the right to call witness(es) on my behalf. ☒ Yes ☐ No

[Signature]
Inmate Signature

473110 6/3/13
Number Date

2. CONTINUANCE:

- a. Was case previously continued? ☐ Yes ☒ No

- b. If yes, when and at whose request? N/A

3. CUSTODY PENDING HEARING:

Was inmate held in segregation/more restrictive setting pending

- a. hearing? ☒ Yes ☐ No

If yes, when was he/she placed in

- b. segregation? 5-31-13

4. When was inmate given offense citation? 5-31-13

5. Is inmate represented by inmate advisor? ☐ Yes ☒ No

By staff advisor? ☐ Yes ☒ No

6. Has inmate or inmate advisor had adequate time to prepare defense? ☒ Yes ☐ No

SP59
4.00



TENNESSEE DEPARTMENT OF CORRECTION
AGREEMENT TO PLEAD GUILTY
AND
WAIVER OF DISCIPLINARY HEARING AND DUE PROCESS RIGHTS

Inmate Name: BOAZ Pleasant Bey TDOC Number: 473110

Having been in violation of rules as follows:

Disciplinary Docket Number: # 113429 #1025917

Offenses and Category RCR CLASS - B

I admit I violated the above listed rule(s) and agree to plead guilty and accept whatever punishment the disciplinary board may impose. In making this agreement, I understand that I am waiving the following rights:

1. The right to personally appear before the disciplinary board
2. The right to plead not guilty and to have the case against me proven by a preponderance of evidence.
3. The right to present my own version of the facts.
4. The right to call witnesses in my own behalf.

I am signing this agreement of my own free will and under no threat or coercion to do so. I understand that by signing this agreement, I must accept whatever punishment the disciplinary board may impose and will not be allowed to appeal.

[Signature]
Inmate Signature

6/3/13
Date

[Signature]
Staff Witness

6-3-13
Date

[Signature]
Disciplinary Board Chairperson

6-3-13
Date

DOCKET #: 113429
SERVER: SSA-L-150-
DATE/TIME: 5/31/2013
ADVISOR: Woods

RJ01M6L
HCCF
HOSTAN01

TENNESSEE DEPARTMENT OF CORRECTION
T O M L S
DISCIPLINARY REPORT

DATE: 05/31/2013
TIME: 16:12
PAGE: 01

OFFENDER NAME: PLEASANT-REY, ROAZ
TOMES ID: 004/3110
INSTITUTION NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
INTE ID: 102 Seg
CELL ID: 02 42

INCIDENT

INCIDENT ID: 01025917
INCIDENT DATE: 05/31/2013 INCIDENT TIME: 14:55:00
INCIDENT TYPE: REFUSED CELL ASSIGNMENT
DISCIPLINARY CLASS:
INFRACTION TYPE: REFUSED CELL ASSIGNMENT
WEAPON USED:
VIOLENCE COMMITTED: NO VIOLENCE
PREPARED BY STAFF ID: HOSTAN01
REPORTED BY STAFF ID: HOSTAN01

WITNESSES/VICTIMS/PERSONS INVOLVED

PERSON ID: HOSTAN01
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 004/3110
PERSON TYPE: O
INJURED (Y/N): N

Handwritten signature/initials

Handwritten signature/initials

BL01M6L
HCCF
HOSTAN01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 05/31/2013
TIME: 16:12
PAGE: 02

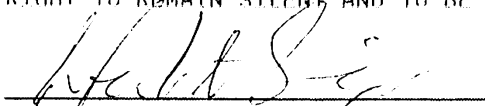
TOMIS ID: 00473110 INCIDENT ID: 01025917
OFFENDER NAME: PLEASANT-BEY, BOAZ

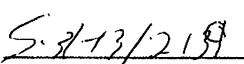
DESCRIPTION:

ON 05/31/13 AT APPROXIMATELY 02:55 PM INMATE BOAZ PLEASANT-BEY #473110
EXITED F-0 202 WITH HIS ALL OF HIS PROPERTY AND REFUSED TO GO BACK
INSIDE, THEREFORE I S/C/O HOSTETLER AM CHARGING HIM WITH REFUSAL OF A
CELL ASSIGNMENT. IDOC MITCHELL WAS NOTIFIED AT 1530 HRS.

PREPARED BY STAFF ID: HOSTAN01 HOSTETLER, ANGELA
REPORTED BY STAFF ID: HOSTAN01 HOSTETLER, ANGELA

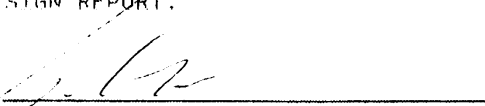
I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED
RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.

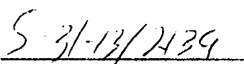

OFFENDER SIGNATURE
PLEASANT-BEY, BOAZ


DATE/TIME

00473110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO
SIGN REPORT.


EMPLOYEE INITIALS, IF REPORTING
EMPLOYEE; OTHERWISE, FULL NAME.


DATE/TIME

R101MGL
HCCF
H0SIAN01

TENNESSEE DEPARTMENT OF CORRECTION
I O M I S
DISCIPLINARY REPORT

DATE: 05/31/2013
TIME: 16:12
PAGE: 03

IOMIS ID: 00473110 INCIDENT ID: 01025917
OFFENDER NAME: PLEASANT-BRY, ROAZ

Hostand1
REPORTING OFFICIAL

5-31-13 2:55 AM
DATE/TIME

Hostand1
PREPARED BY

5-31-13 16:12
DATE/TIME

M. D. Long
INTERVIEWING DESIGNATED SUPERVISOR

5-31-13 16:12
DATE/TIME

IF PLACED IN SEGREGATION:

Mitchell
SENIOR SECURITY OFFICER

5-31-13 15:30
DATE/TIME

JARDEN (SEGREGATION PENDING INVESTIGATION)

DATE/TIME



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

WIFA

INSTITUTION (TOMIS SITE ID)

75841/1032788
DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: 473110			
INMATE NAME (LAST) (14 characters) Pleasant-Bey		FIRST (10 characters) Boaz	MI MI
ADVISOR NUMBER: 201720			
INMATE ADVISOR NAME (LAST) (14 characters) Green		FIRST (10 characters) Herbert	MI J.
DATE OF HEARING MO DAY YEAR 7 12 13		PLACE OF HEARING INSTITUTION WIFA	INMATE'S PLEA GUILTY (Y) NOT GUILTY - N Y

COMMITTEE DECISION		
GUILTY (Y) Y	NOT GUILTY - N	APPEALED - Y N
DISCIPLINARY ACTION DATE (MONTH, DAY, YEAR) 7-12-13	CLASS OF INFRACTION (A, B, or C) C	PROBATION END DATE (MONTH, DAY, YEAR)
ENTERED BY [Signature]	DATE 7-15-13	VERIFIED BY [Signature]

PRELIMINARY INQUIRY

1. WAIVERS

a. I agree to waive the right to 24-hour notice.

☐ Yes ☒ No

WIA

Inmate Signature

b. I agree to waive the right to have the reporting official present.

☒ Yes ☐ No

Number

Date

[Signature] 473110

7-12-13

Inmate Signature

c. I agree to waive the right to call witness(es) on my behalf.

☒ Yes ☐ No

Number

Date

[Signature] 473110

7-12-13

Inmate Signature

2. CONTINUANCE:

a. Was case previously continued?

☐ Yes ☒ No

b. If yes, when and at whose request?

3. CUSTODY PENDING HEARING:

Was inmate held in segregation/more restrictive setting pending

a. hearing?

☐ Yes ☒ No

If yes, when was he/she placed in

b. segregation?

4. When was inmate given offense citation?

7-8-13 1625

5. Is inmate represented by inmate advisor?

☒ Yes ☐ No

By staff advisor? ☐ Yes ☒ No

6. Has inmate or inmate advisor had adequate time to prepare defense?

☒ Yes ☐ No

WICFA
INSTITUTION (TOMIS SITE ID)

75841/102278
DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME: pleasant, Ben / BOAZ

TDOC NUMBER: 473110

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf, must accept whatever punishment is imposed, and will not be allowed to appeal.

X Boaz
Inmate Signature

9/7-10
Date

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

Witness(es) Against Offender

Written Statement(s) submitted: ☐ Yes ☒ No

Written Statement(s) submitted: ☐ Yes ☒ No

Form CR3510 completed: ☐ Yes ☒ No

Form CR3510 received by disciplinary board: ☐ Yes ☒ No

OTHERS PRESENT:

STATEMENT OF ACCUSED: I plead guilty DHO

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).
INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☒ No

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS one report
imposed guilty with report into this finding

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION: no imposed
class 11 with warning

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐

Good Conduct ☐

(Amount) _____

Incentive Time ☐

Prisoner Performance Sentence Credits (PPSC) ☐

(Amount) _____

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount) _____

SIC Thomas
Disciplinary Board Chairperson/Hearing Officer Signature

7-10-13
Date

Member

Date

Member

Date

LIBL
EI03B09

DISCIPLINARY DECISION
SELECT

DATE: 07/09/13
TIME: 08:51 AM

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
Status: ACTV Sex: M Race: B Age: 30 Location: WCFA

S	Incident Date	Incident ID	Disc Class	First Infraction Type
	07/08/2013	01032788		INT OFFICER DUTIES INTERFEREN
	05/31/2013	01025917	B	RCA REFUSED CELL ASSIGNMENT
	05/10/2013	01022098	B	RCA REFUSED CELL ASSIGNMENT
	03/09/2013	01011013	B	IND INDECENT EXPOSURE
	08/13/2012	00975849	C	RCA REFUSED CELL ASSIGNMENT
	04/09/2011	00892435		IND INDECENT EXPOSURE

Search:
NEXT FUNCTION: DATA:
F1-HELP F9-QUIT F11-SUSPEND
BOTTOM OF LIST

BI01MGL
WCFA
WOODNI01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 07/08/2013
TIME: 13:23
PAGE: 01

DOCKET # 75841
DATE 7/8/13
TIME 1635
SERVER Omms
ADVISOR Green

OFFENDER NAME: PLEASANT-BEY, BOAZ
TOMIS ID: 00473110
INSTITUTION NAME: WHITEVILLE CORRECTIONAL FACILITY
UNIT ID: HD1
CELL ID: 06

INCIDENT

INCIDENT ID: 01032788
INCIDENT DATE: 07/08/2013 INCIDENT TIME: 09:00:00
INCIDENT TYPE: INTERFERENCE OF OFFICER DUTIE
DISCIPLINARY CLASS:
INFRACTION TYPE: OFFICER DUTIES INTERFERENCE
WEAPON USED:
VIOLENCE COMMITTED: NO VIOLENCE
PREPARED BY STAFF ID: WOODNI01
REPORTED BY STAFF ID: ECKFMA01

WITNESSES/VICTIMS/PERSONS INVOLVED

PERSON ID: ECKFMA01
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 00129664
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00252741
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00259174
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00299940
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00302161
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00364163
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00401382
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00422736
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00450198
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00458046
PERSON TYPE: O
INJURED (Y/N): N

BI01MGL
WCFA
WOODNI01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 07/08/2013
TIME: 13:23
PAGE: 02

PERSON ID: 00473110
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00480248
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00489267
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00503547
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00518339
PERSON TYPE: O
INJURED (Y/N): N

BI01MGL
WCFA
WOODNI01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 07/08/2013
TIME: 13:23
PAGE: 03

TOMIS ID: 00473110 INCIDENT ID: 01032788
OFFENDER NAME: PLEASANT-BEY, BOAZ

DESCRIPTION:

ON 7/8/13 @ APPROX. 9:00AM I C/O ECKFORD PUT H2 ON STANDBY FOR CELL IN SPECTION @ 8:45AM @ 9:00AM I, U/M POLK BEGAN CELL INSPECTION WHEN I OBSERVED I/M'S PLEASANT #473110, MOODY #489267, MARTINEZ #503547, BROWN #480248, PERSON #129664, GRIFFIN #422736, PALMER #458046, JORDAN #259174, JACKSON #252741, BELEW #299940, LANIER #302161, ROBERTSON #518339, PEARSON #401382, HARLAN #450198, LOVEDAY #364163 NOT PREPARED FOR INSPECTION THEREFORE I'M CHARGING THEM WITH INT. BY ME HAVING TO STOP WALK IN THE CELL TO GET THEM PREPARED AND GET THE I/M'S IN COMPLIANCE WHICH CAUSED ME A DELAY IN ME PERFORMING THE CELL INSPECTION PROCESS.

PREPARED BY STAFF ID: WOODNI01 COBY, NIKKI
REPORTED BY STAFF ID: ECKFMA01 ECKFORD, MARQUEZ

I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.

Refused to sign in H-D pool 7/8/13 1435
OFFENDER SIGNATURE DATE/TIME
PLEASANT-BEY, BOAZ 00473110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO SIGN REPORT.

James McInnis 7/8/13 1435
EMPLOYEE INITIALS, IF REPORTING DATE/TIME
EMPLOYEE; OTHERWISE, FULL NAME.

BI01MGL
WCFA
WOODNI01

TEENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 07/08/2013
TIME: 13:23
PAGE: 04

TOMIS ID: 00473110 INCIDENT ID: 01032788
OFFENDER NAME: PLEASANT-BEY, BOAZ

Eckfma 01
REPORTING OFFICIAL

7-8-13 0900
DATE/TIME

Woodni 01
PREPARED BY

7-8-13 1323
DATE/TIME

[Signature]
REVIEWING DESIGNATED SUPERVISOR

7/8/13 4:13pm
DATE/TIME

IF PLACED IN SEGREGATION:

SENIOR SECURITY OFFICER

DATE/TIME

WARDEN (SEGREGATION PENDING INVESTIGATION)

DATE/TIME



TENNESSEE DEPARTMENT OF CORRECTION

DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS SITE ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: 473110

INMATE NAME (LAST) (14 characters) Pleasant - Bey FIRST (10 characters) BONZ MI

ADVISOR NUMBER: 399290

INMATE ADVISOR NAME (LAST) (14 characters) Hickley FIRST (10 characters) Fun MI

DATE OF HEARING MO 8 DAY 12 YEAR 13 TIME 9AM PLACE OF HEARING INSTITUTION W.C.F.A. INMATE'S PLEA GUILTY (Y) NOT GUILTY - N

COMMITTEE DECISION

GUILTY (Y) NOT GUILTY - N APPEALED - Y NOT APPEALED (N)

DISCIPLINARY ACTION DATE (MONTH, DAY, YEAR) 8-12-13 CLASS OF INFRACTION (A, B, or C) PROBATION END DATE (MONTH, DAY, YEAR)

ENTERED BY [Signature] 8-12-13 DATE VERIFIED BY [Signature] DATE

PRELIMINARY INQUIRY

1. WAIVERS

- a. I agree to waive the right to 24-hour notice. ☐ Yes ☒ No

- b. I agree to waive the right to have the reporting official present. ☒ Yes ☐ No

- c. I agree to waive the right to call witness(es) on my behalf. ☒ Yes ☐ No

2. CONTINUANCE:

- a. Was case previously continued? ☐ Yes ☒ No

- b. If yes, when and at whose request? [Signature]

3. CUSTODY PENDING HEARING:

- Was inmate held in segregation/more restrictive setting pending

- a. hearing? ☐ Yes ☒ No

- b. If yes, when was he/she placed in segregation? 8-5-13

4. When was inmate given offense citation?

5. Is inmate represented by inmate advisor?

6. Has inmate or inmate advisor had adequate time to prepare defense?

- ☒ Yes ☐ No

- By staff advisor? ☐ Yes ☒ No

- ☐ Yes ☐ No

W.C.F.N.

INSTITUTION (TOMIS SITE ID)

76727 / 1038226

DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME: BOAZ PLEASON + Bey

TDOC NUMBER: 473110

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf, must accept whatever punishment is imposed, and will not be allowed to appeal.

X Boaz Pleason + Bey
Inmate Signature

8-5-13
Date

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

Witness(es) Against Offender

Written Statement(s) submitted: ☐ Yes ☒ No

Written Statement(s) submitted: ☐ Yes ☒ No

Form CR3510 completed: ☐ Yes ☒ No

Form CR3510 received by disciplinary board: ☐ Yes ☒ No

OTHERS PRESENT:

STATEMENT OF ACCUSED:

Plead guilty to DHO

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).

INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☒ No

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS

Plead guilty written report. No facts to support.

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION:

CLASS "C" written warning

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐

Good Conduct ☐

(Amount)

Incentive Time ☐

Prisoner Performance Sentence Credits (PPSC) ☐

(Amount)

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount)

Disciplinary Board Chairperson/Hearing Officer Signature

Date

Member

Date

Member

Date

Better Hummou

LIBL
BI03D17

DISCIPLINARY DECISION
SELECT

DATE: 08/06/13
TIME: 08:31 AM

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
Status: ACTV Sex: M Race: B Age: 30 Location: WCFA

S	Incident Date	Incident ID	Disc Class	First Infraction Type	
-	08/05/2013	01038226		PPV	PERSONAL PROPERTY VIOLATI
	07/08/2013	01032788	C	INT	OFFICER DUTIES INTERFEREN
	05/31/2013	01025917	B	RCA	REFUSED CELL ASSIGNMENT
	05/10/2013	01022098	B	RCA	REFUSED CELL ASSIGNMENT
	03/09/2013	01011013	B	IND	INDECENT EXPOSURE
	08/13/2012	00975849	C	RCA	REFUSED CELL ASSIGNMENT
	04/09/2011	00892435		IND	INDECENT EXPOSURE

Search:
NEXT FUNCTION: DATA:
F1-HELP F9-QUIT F11-SUSPEND

BOTTOM OF LIST

BI01MGL
WCFA
MINTER01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 08/05/2013
TIME: 12:03
PAGE: 01

OFFENDER NAME: PLEASANT-BEY, BOAZ
TOMIS ID: 00473110
INSTITUTION NAME: WHITEVILLE CORRECTIONAL FACILITY
UNIT ID: HD1
CELL ID: 06

DOCKET # 76724
DATE 8/5/13
TIME 2:15pm
SERVER C. Anderson
ADVISOR Floyd
ANY

INCIDENT

INCIDENT ID: 01038226
INCIDENT DATE: 08/05/2013 INCIDENT TIME: 10:35:00
INCIDENT TYPE: PERSONAL PROPERTY VIOLATION
DISCIPLINARY CLASS:
INFRACTION TYPE: PERSONAL PROPERTY VIOLATION
WEAPON USED: NONE
VIOLENCE COMMITTED: NO VIOLENCE
PREPARED BY STAFF ID: MINTER01
REPORTED BY STAFF ID: WALTPA01

EVIDENCE

EVIDENCE ID: 13-538
EVIDENCE TYPE: CONTRABAND
EVIDENCE DATE: 08/05/2013
FOUND LOCATION: HD 106
PRESENT LOCATION: EVID LOCKER
DESCRIPTION: CLEAR TUNES TV
STATUS: GOOD CONDITION

WITNESSES/VICTIMS/PERSONS INVOLVED

PERSON ID: WALTPA01
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 00473110
PERSON TYPE: O
INJURED (Y/N): N
PERSON ID: 00519078
PERSON TYPE: O
INJURED (Y/N): N

BI01MGL
WCFA
MINTER01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 08/05/2013
TIME: 12:03
PAGE: 02

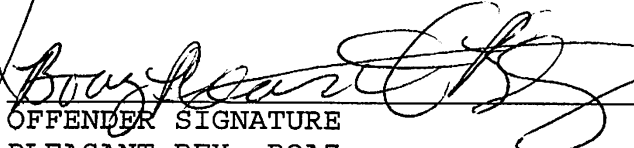
TOMIS ID: 00473110 INCIDENT ID: 01038226
OFFENDER NAME: PLEASANT-BEY, BOAZ

DESCRIPTION:

ON 8/5/2013 AT APPROX 10:35AM I CLERK WALTON WAS CONDUCTING A CELL SEARCH IN HD 106 AND FOUND A CLEAR TUNES TV THAT DIDN'T BELONG TO EITHER INMATES GATES, H #519078 AND PLEASANT, B #473110. THEREFORE ARE BEING CHARGED WITH PPR.

PREPARED BY STAFF ID: MINTER01 MINTER, ERICAS
REPORTED BY STAFF ID: WALTPA01 WALTON, PAULA


I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.


OFFENDER SIGNATURE
PLEASANT-BEY, BOAZ

^{HB} 8/5/13
DATE/TIME

00473110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO SIGN REPORT.


EMPLOYEE INITIALS, IF REPORTING
EMPLOYEE; OTHERWISE, FULL NAME.

8/5/13
DATE/TIME

BI01MGL
WCFA
MINTER01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 08/05/2013
TIME: 12:03
PAGE: 03

TOMIS ID: 00473110 INCIDENT ID: 01038226
OFFENDER NAME: PLEASANT-BEY, BOAZ

Waltman
REPORTING OFFICIAL

Minter
PREPARED BY

[Signature]
REVIEWING DESIGNATED SUPERVISOR

IF PLACED IN SEGREGATION:

SENIOR SECURITY OFFICER

DATE/TIME

WARDEN (SEGREGATION PENDING INVESTIGATION)

DATE/TIME

8/5/13 10:35

DATE/TIME

8/5/13 12:03

DATE/TIME

8/5/13 1:52

DATE/TIME

Inmate Name: Pleasant-Bey, Boaz

#473110

Remainder of form to be completed by warden or commissioner

Disposition of Appeal

Conviction Affirmed

X

Punishment Reduced

Case Remanded to Board

Charges Dismissed

Reason(s) for Disposition Due to you pleading guilty you have no appeal rights.

Instructions to Board on remand or description of reduced punishment::

4/4/2018

Date

Signature of Warden or Commissioner



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT APPEAL

RECEIVED

MAR 26 2018

WARDEN'S OFFICE

(Check One)

APPEAL TO:

WARDEN ☒

COMMISSIONER ☐

INMATE

OFFENDER NUMBER:

473110

NAME (LAST) (14 CHARACTERS)

FIRST (10 characters)

MI

Pleasant Bey

Boaz

INMATE ADVISOR

ADVISOR NUMBER:

NAME (LAST) (14 characters)

FIRST (10 characters)

MI

DATE OF APPEAL

MO DAY YEAR

3 16 18

(INFORMATION ONLY) - DOCUMENT NUMBER

Institution of Confinement: TURNEY CENTER INDUSTRIAL PRISON

Grounds for Appeal

I was transferred to T.C.I.X. without receiving a copy of the writeup. I didn't want to deal with it, so I plead out to it. It should have been dismissed because I never received a copy of the writeup and I was transferred here before the writeup was processed and served. Also, it's been 6 yrs. since my last writeup. I was in the wood plant. I'll behave here, I just want a chance please.

Also, the writeup I saw here at T.C.I.X. at the D-Board said that I contacted a staff member, but it didn't say if I solicited a staff member. So, I just want another chance.

(use next page if additional space is needed)

Note: Use a separate copy of form for appeal to warden and to commissioner

Inmate Name

Date

CR-1833(1-01)

Page 1 of __ pages

Duplicate as Needed
Original-Institution

RDA-1167



TENNESSEE DEPARTMENT OF CORRECTION
AGREEMENT TO PLEAD GUILTY
AND
WAIVER OF DISCIPLINARY HEARING AND DUE PROCESS RIGHTS

Inmate Name: Pleasant Bey Boaz TDOC Number: 473110

Having been in violation of rules as follows: 505

Disciplinary Docket Number: 01318088

Offenses and Category: Class B 505, 4.00 Fine, 9 mos. phy. restriction

Time Served

I admit I violated the above listed rule(s) and agree to plead guilty and accept whatever punishment the disciplinary board may impose. In making this agreement, I understand that I am waiving the following rights:

1. The right to personally appear before the disciplinary board
2. The right to plead not guilty and to have the case against me proven by a preponderance of evidence.
3. The right to present my own version of the facts.
4. The right to call witnesses in my own behalf.

In signing this agreement of my own free will and under no threat or coercion to do so. I understand that by signing this agreement, I must accept whatever punishment the disciplinary board may impose and will not be allowed to appeal.

[Signature]
Inmate Signature

3/13/18
Date

[Signature]
Staff Witness

3-13-18
Date

[Signature]
Disciplinary Board Chairperson

3/13/18
Date



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS SITE ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER:

INMATE NAME (LAST) (14 characters)

FIRST (10 characters)

MI

ADVISOR NUMBER:

INMATE ADVISOR NAME (LAST) (14 characters)

FIRST (10 characters)

MI

DATE OF HEARING

MO DAY YEAR

TIME

PLACE OF HEARING

INSTITUTION

INMATE'S PLEA

GUILTY - Y NOT GUILTY - N

COMMITTEE DECISION

GUILTY - Y

NOT GUILTY - N

APPEALED - Y

NOT APPEALED - N

DISCIPLINARY ACTION DATE
(MONTH, DAY, YEAR)

CLASS OF INFRACTION
(A, B, or C)

PROBATION END DATE
(MONTH, DAY, YEAR)

ENTERED BY

VERIFIED BY

DATE

DATE

PRELIMINARY INQUIRY

1. WAIVERS

a. I agree to waive the right to 24-hour notice.

☐ Yes ☒ No

b. I agree to waive the right to have the reporting official present.

☒ Yes ☐ No

c. I agree to waive the right to call witness (es) on my behalf.

☒ Yes ☐ No

2. CONTINUANCE:

a. Was case previously continued?

☒ Yes ☐ No

b. If yes, when and at whose request?

3/13/18, Chapman's Request

3. CUSTODY PENDING HEARING:

Was inmate held in segregation/more restrictive setting pending

a. hearing?

☐ Yes ☒ No

If yes, when was he/she placed in

b. segregation?

4. When was inmate given offense citation?

5. Is inmate represented by inmate advisor?

☒ Yes ☐ No

By staff advisor? ☐ Yes

☒ No

6. Has inmate or inmate advisor had adequate time to prepare defense?

☒ Yes

☐ No

CR-1834 (Rev. 11-10)

White-Institution

Canary-Institution Pink-Inmate

RDA-1167

Page 1 of 2 Pages

Trey
INSTITUTION (TOMIS SITE ID)

1318088
DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME: Plaintiff, B...

TDOC NUMBER: 473111

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf. I must accept whatever punishment is imposed, and will not be allowed to appeal.

S. G. 3171
Inmate Signature

3/13/13
Date

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

Witness(es) Against Offender

Written Statement(s) submitted: ☐ Yes ☐ No

Written Statement(s) submitted: ☐ Yes ☐ No

Form CR3510 completed: ☐ Yes ☐ No

Form CR3510 received by disciplinary board: ☐ Yes ☐ No

OTHERS PRESENT:

STATEMENT OF ACCUSED: Guilty Plea

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).
INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☒ No

Written Report

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS

Guilty upon report + plea

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION:

4" Fine, 9 mo. p.g. restriction, Time Served

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐

Good Conduct ☐

(Amount) _____

Incentive Time ☐

Prisoner Performance Sentence Credits (PPSC) ☐

(Amount) _____

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount) _____

[Signature]
Disciplinary Board Chairperson/Hearing Officer Signature

3/13/13
Date

Member

Date

Member

Date



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY CONTINUATION

Page ____ of ____ Pages

DATE: 3-08-18

DISCIPLINARY NUMBER: 418188 S.O.S.

NAME (LAST) (14 characters)

PLEASANT, DEY

FIRST (10 characters)

BOAZ

MI

OFFENDER NUMBER:

413110

ATTACH TO:

BIO1DO26

CR-1833

CR-1834

WANTED FOR DEPORT NO MORE THAN 7 DAYS

FROM THE SHIP TO (X)

Signature of Reporting Employee

Date

Inmate Signature

Date

CR-1831 (7-01)

White-Institutional File

Canary & Pink-Inmate

RDA - 1167



TENNESSEE DEPARTMENT OF CORRECTION
AGREEMENT TO PLEAD GUILTY
AND
WAIVER OF DISCIPLINARY HEARING AND DUE PROCESS RIGHTS

Inmate Name: Pleasant-Bey, Boaz TDOC Number: 473110

Having been in violation of rules as follows: SOS

Disciplinary Docket Number: 01318088

Offenses and Category Class B SOS, 4⁰⁰ Fine, 9 mos. phy. restriction
Time Served

I admit I violated the above listed rule(s) and agree to plead guilty and accept whatever punishment the disciplinary board may impose. In making this agreement, I understand that I am waiving the following rights:

1. The right to personally appear before the disciplinary board
2. The right to plead not guilty and to have the case against me proven by a preponderance of evidence.
3. The right to present my own version of the facts.
4. The right to call witnesses in my own behalf.

I am signing this agreement of my own free will and under no threat or coercion to do so. I understand that by signing this agreement, I must accept whatever punishment the disciplinary board may impose and will not be allowed to appeal.

[Signature]

Inmate Signature

3/13/18
Date

[Signature]

Staff Witness

3-13-18
Date

Sgt [Signature]
Disciplinary Board Chairperson

3/13/18
Date

B101MGL
NECX
TOWNJO01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 03/01/2018
TIME: 10:50
PAGE: 01

Adviser - yes

OFFENDER NAME: PLEASANT-BEY, BOAZ
TOMIS ID: 00473110
INSTITUTION NAME: NORTHEAST CORRECTIONAL COMPLEX
JUNIT ID: N04 *TCIX 5B/103A*
CELL ID: 22

INCIDENT

INCIDENT ID: 01318088
INCIDENT DATE: 03/01/2018
INCIDENT TYPE: SOLICITATION OF STAFF
DISCIPLINARY CLASS:
INFRACTION TYPE: SOLICITATION OF STAFF
WEAPON USED:
VIOLENCE COMMITTED: NO VIOLENCE
PREPARED BY STAFF ID: TOWNJO01
REPORTED BY STAFF ID: MCCRJE01

VIDENCE

EVIDENCE ID: 01318088
EVIDENCE TYPE: LETTERS (MAIL)
EVIDENCE DATE: 03/01/2018
FOUND LOCATION: INMATES PROPERTY
PRESENT LOCATION: I.A. OFFICE
DESCRIPTION: LETTERS ADDRESSED TO STAFF
STATUS: GOOD CONDITION

VIDENCE

EVIDENCE ID: 01318088
EVIDENCE TYPE: WRITTEN STATEMENTS
EVIDENCE DATE: 03/01/2018
FOUND LOCATION: I.A. OFFICE
PRESENT LOCATION: I.A. OFFICE
DESCRIPTION: STAFF STATEMENTS
STATUS: GOOD CONDITION

WITNESSES/VICTIMS/PERSONS INVOLVED

PERSON ID: MCCRJE01
PERSON TYPE: S
INJURED (Y/N): N
PERSON ID: 00473110
PERSON TYPE: O
INJURED (Y/N): N

BT01MGL
NECX
TOWNJO01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 03/01/2018
TIME: 10:50
PAGE: 02

POMIS ID: 00473110 INCIDENT ID: 01318088
OFFENDER NAME: PLEASANT-BEY, BOAZ

DESCRIPTION:

AFTER AN INSTITUTIONAL INVESTIGATION IT HAS BEEN DETERMINED THAT ON MARCH 1, 2018 AT APPROXIMATELY 9:00AM INMATE PLEASANT-BEY #473110 DID ADMIT TO HIS ATTEMPT TO SOLICIT A STAFF MEMBER BY LETTER. A LETTER WAS FOUND TO BE IN HIS PROPERTY AFTER A SEARCH ON FEBRUARY 23, 2018 AT APPROXIMATELY 8:00AM. THEREFORE INMATE PLEASANT-BEY IS BEING CHARGED WITH SOLICITATION OF STAFF. EVIDENCE WILL BE PROVIDED.

PREPARED BY STAFF ID: TOWNJO01 TOWNSEND, JONATHAN
REPORTED BY STAFF ID: MCCRJE01 MCCracken, JEREMY

I HAVE BEEN GIVEN A COPY OF THIS REPORT AND HAVE BEEN TOLD ABOUT MY LIMITED RIGHT TO REMAIN SILENT AND TO BE REPRESENTED BY AN OFFENDER ADVISOR.

Refused to Sign
OFFENDER SIGNATURE
PLEASANT-BEY, BOAZ

3-1-18 2:29P
DATE/TIME
00473110

OFFENDER WAS GIVEN COPY OF REPORT AND ADVISED OF RIGHTS BUT REFUSED TO SIGN REPORT.

C/O E Pennington
EMPLOYEE INITIALS, IF REPORTING
EMPLOYEE; OTHERWISE, FULL NAME.

3-1-18 2:29P
DATE/TIME

101MGL
IECX
OWNJO01

TENNESSEE DEPARTMENT OF CORRECTION
T O M I S
DISCIPLINARY REPORT

DATE: 03/01/2018
TIME: 10:50
PAGE: 03

OMIS ID: 00473110 INCIDENT ID: 01318088
OFFENDER NAME: PLEASANT-BEY, BOAZ

G. J. McCracken (K.O.)
REPORTING OFFICIAL

3-1-18 12:03 PM
DATE/TIME

CCO Towner (K.O.)
PREPARED BY

3-1-18 12:03 PM
DATE/TIME

CAPT. M. [Signature]
VIEWING DESIGNATED SUPERVISOR

3-1-18 12:03 PM
DATE/TIME

PLACED IN SEGREGATION:
FOR SECURITY OFFICER

DATE/TIME

EN (SEGREGATION PENDING INVESTIGATION)
DATE/TIME

Menu

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Disciplinary

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Suspend ☐

TOMIS ID 00473110

Pleasant-bey, Boaz

Status ACTV

Reset key fields

Refresh

Enter

FastPath Go

Incident Date	Incident ID	Disc Class	First Infraction Type
03/01/2018	01318088		SOS SOLICITATION OF STAFF
02/23/2018	01317177		PIN PENDING INVESTIGATION
01/09/2014	01066955	C	VPR VIOL. OF TDOC/INST. POLIC
08/05/2013	01038226	C	PPV PERSONAL PROPERTY VIOLATI
07/08/2013	01032788	C	INT **OFFICER DUTIES INTERFER
05/31/2013	01025917	B	RCA REFUSED CELL ASSIGNMENT
05/10/2013	01022098	B	RCA REFUSED CELL ASSIGNMENT
03/09/2013	01011013	B	IND INDECENT EXPOSURE
08/13/2012	00975849	C	RCA REFUSED CELL ASSIGNMENT

Search

Top Of List



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY REPORT HEARING SUMMARY

INSTITUTION (TOMIS SITE ID)

DISCIPLINARY INCIDENT NUMBER

OFFENDER NUMBER: <u>473110</u>			
INMATE NAME (LAST) (14 characters) <u>Pleasant-Bey</u>		FIRST (10 characters) <u>BOAZ</u>	MI <u></u>
ADVISOR NUMBER: <u>496100</u>			
INMATE ADVISOR NAME (LAST) (14 characters) <u>Powell</u>		FIRST (10 characters) <u>Gregory</u>	MI <u>C</u>
DATE OF HEARING MO <u>3</u> DAY <u>13</u> YEAR <u>18</u>		TIME <u>10:30 AM</u>	PLACE OF HEARING <u>TCIX</u>
INMATE'S PLEA GUILTY - <u>Y</u> NOT GUILTY - N			

COMMITTEE DECISION		
GUILTY - <u>Y</u>	NOT GUILTY - N	NOT APPEALED - <u>N</u>
DISCIPLINARY ACTION DATE (MONTH, DAY, YEAR) <u>3/13/18</u>	CLASS OF INFRACTION (A, B, or C) <u>Class B SOS</u>	PROBATION END DATE (MONTH, DAY, YEAR) <u></u>
ENTERED BY <u>TIMOTHY P</u> <u>3/13/18</u>	VERIFIED BY <u></u>	DATE <u></u>

PRELIMINARY INQUIRY

1. WAIVERS

- a. I agree to waive the right to 24-hour notice. ☐ Yes ☒ No
Signed 3171 473110 3/13/18
 Inmate Signature Number Date
- b. I agree to waive the right to have the reporting official present. ☒ Yes ☐ No
Signed 3171 473110 3/13/18
 Inmate Signature Number Date
- c. I agree to waive the right to call witness (es) on my behalf. ☒ Yes ☐ No
Signed 3171 473110 3/13/18
 Inmate Signature Number Date

2. CONTINUANCE:

- a. Was case previously continued? ☒ Yes ☐ No
 b. If yes, when and at whose request? 3/08/18, Chairperson's Request

3. CUSTODY PENDING HEARING:

- Was inmate held in segregation/more restrictive setting pending hearing?
 a. ☐ Yes ☒ No
 If yes, when was he/she placed in segregation?
 b.

4. When was inmate given offense citation? 3/01/18
5. Is inmate represented by inmate advisor? ☒ Yes ☐ No By staff advisor? ☐ Yes ☒ No
6. Has inmate or inmate advisor had adequate time to prepare defense? ☒ Yes ☐ No

TCLX
INSTITUTION (TOMIS SITE ID)

01318088
DISCIPLINARY INCIDENT NUMBER

OFFENDER NAME:

Pleasant-Bey, Boaz

TDOC NUMBER:

473110

HEARING

I fully understand that by entering a plea of guilty to the aforementioned charge(s), I am waiving my right to call witness(es) and present evidence on my behalf, must accept whatever punishment is imposed, and will not be allowed to appeal.

Signed 3171
Inmate Signature

3/13/18
Date

Attach CR3171 Agreement to Plead Guilty and Waiver of Disciplinary Hearing and Due Process Rights

Witness(es) for Offender

Witness(es) Against Offender

Written Statement(s) submitted: ☐ Yes ☐ No

Written Statement(s) submitted: ☐ Yes ☐ No

Form CR3510 completed: ☐ Yes ☐ No

Form CR3510 received by disciplinary board: ☐ Yes ☐ No

OTHERS PRESENT:

STATEMENT OF ACCUSED:

Guilty Plea

DESCRIPTION OF PHYSICAL EVIDENCE INTRODUCED (Attach all test results).

INTERNAL AFFAIRS REPORT AVAILABLE: ☐ Yes ☐ No

Written Report

FINDINGS OF FACT AND SPECIFIC EVIDENCE RELIED UPON TO SUPPORT THOSE FINDINGS

Guilty upon report & plea

DISPOSITION AND A STATEMENT OF REASONS WHICH SUPPORTS THAT DECISION:

4.00 Fine, 9 mos. plg. restriction, Time Served CLASS B SOS

RECOMMENDATION OF LOSS OF:

Good/Honor Time ☐

Good Conduct ☐

(Amount) _____

Incentive Time ☐

Prisoner Performance Sentence Credits (PPSC) ☐

(Amount) _____

Prisoner Sentence Reduction Credits (PSRC) ☐

(Amount) _____

Sgt [Signature]
Disciplinary Board Chairperson/Hearing Officer Signature

3-13-18

Date

Member

Date

Member

Date



TENNESSEE DEPARTMENT OF CORRECTION
DISCIPLINARY CONTINUATION

Page ____ of ____ Pages

DATE: 3-08-18

DISCIPLINARY NUMBER: #1318088 S.O.S.

NAME (LAST) (14 characters)

PLEASANT-BEY

FIRST (10 characters)

BOAZ

MI

OFFENDER NUMBER:

473110

ATTACH TO:

BIO1DO26

CR-1833

CR-1834

CONT'D PER BOARD NO MORE THAN 7 DAYS
(PER I/M SHIPPED TO TCI)

Sgt. [Signature] (TCLX)
Signature of Reporting Employee

3/8/18
Date

Inmate Signature

Date

TELETYPE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

ER 206

DATE: 07/18/2019
TIME: 10:06 AM

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: TROUSDALE TURNER CORRECTIONAL CENTER

Classification Type: CLASSIFICATION CAF Date: 07/18/2019

Status at time of Hearing: Gen. Pop. ✓ AS PC Other

Incompatibles: Yes ^{NECX} No Inmate agrees to waive 48 hr. hearing notice: BM

Scored CAF Range: MINIMUM Current Custody Level: MEDIUM

Panel's Majority Recommendation:

Facility Assignment: TTCC Transfer: Yes ☐ No ☒ Explain Below:

Custody Level: MIR

Override Type: _____

Justification, Program Recommendations, and Summary:

Age: 36 Sentence: 23 yrs. 6 mo. Exp: 8/8/30 Loc: 1
Rec:

Updated Photo Needed: Yes No ☒ 2015

Offender Signature: [Signature] Appeal: Yes No 120
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: _____ Date: 7/31/19

CC Williamson ASCO J. elalnes
Chairperson Security Member Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

Signature Date 8-9-2019 Approve ✓ Deny

If denied, reasons include: _____

WILLST12

TENN. JUVENILE DEPARTMENT OF CORRECTIONS
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 07/18/2019
TIME: 10:06:06
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: TROUSDALE TURNER CORRECTIONAL CENTER
COUNSELOR: JONES, RONELL
CAF DATE: 07/18/2019

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7		
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5		

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.			4
MAXIMUM 15 OR MORE.			

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE	
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7		

WILLST12

TENN. JUDGE DEPARTMENT OF CORRECTIONS
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 07/18/2019
TIME: 10:06:06
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: TROUSDALE TURNER CORRECTIONAL CENTER
COUNSELOR: JONES, RONELL
CAF DATE: 07/18/2019

DISCIPLINARY REPORTS - GUILTY	- 2
NONE IN LAST 18 MONTHS	- 4 -----
NONE IN LAST 12 MONTHS	- 2 SCORE
NONE IN LAST 6 MONTHS	- 1
NEW ADMISSION/PAROLE VIOLATOR.....	0
ONE IN LAST 6 MONTHS	1
TWO OR MORE IN LAST 6 MONTHS	4

MOST SEVERE DISCIPLINARY RECEIVED	5
CLASS C	2 -----
CLASS B	5 SCORE
CLASS A	7

DETAINER/NOTIFICATION/CHARGE PENDING	0
MISDEMEANOR	3 -----
FELONY	5 SCORE

PRIOR FELONY CONVICTIONS	0
ONE	2 -----
TWO OR MORE	4 SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)	1
---------------------------------------------	---

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)	5
CLOSE 17 OR MORE.	-----
MEDIUM 7-16.	-----
MINIMUM 6 OR LESS.	

CAF CUSTODY LEVEL: MINIMUM

TROUSDALE TURNER CORRECTIONAL COMPLEX
CLASSIFICATION

205

48 HOUR HEARING NOTICE

NAME: Pleasant-Bey, Boaz TDOC#: 473116
CLASSIFICATION TYPE: Annual
HEARING DATE: 4-25-19
INMATE SIGNATURE: [Signature]
NOTICE SERVED BY: [Signature]
DATE SERVED: 4-23-19

CCI 000139



TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 4/15/19
TIME: 1325

TOMIS ID Boaz Pleasant-Bey
Offender Name: 473110

Institution Name: Trussdale Juvenile

Classification Type: Annual

CAF Date: 4-25-19

Status at time of hearing General Population ☒ AS ☐ PC ☐ Other ☐

Incompatible Inmates Yes ☒ No ☐ Inmate agrees to waive 48 hr hearing notice: ☐

Scored CAF Range: Med Current Custody Level: Med

Panel's Majority Recommendation:

Facility Assignment: TTCC Transfer: Yes ☐ No ☒ Explain Below:

Custody Level: Med

Override Type:

Justification, Program Recommendations, and Summary

Age: 35 Sentence: 23 yrs min Exp: 8/8/30 LDC: C

Panel Recommendation keep employment

Updated Photo Needed: Yes ☐ No ☒

Offender Signature: [Signature]

Appeal: Yes ☐ No ☒ BRB
(If "Yes" provide appeal and copy to Inmate)

Panel Member Signatures

Date: 4-25-19

CC Williamson [Signature] [Signature]
Chairperson Security Member Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority

CC Williamson 4/30/19 Approve ☒ Deny ☐
Signature Date

If denied, reasons include:



TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT

Windsor
INSTITUTION

DATE: 4/5/19
TIME: 1327

NAME: Pleasant boy, Boaz TOMIS ID: 473110
CAF DATE: _____

1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or Prison, Rate Most Serious)		
ASSAULT - no weapon, no serious injury (last 18 months)	3	
ASSAULT - with weapon, no serious injury (last 18 months)	5	
ASSAULT - with or without weapon, with serious injury or death (last 42 months)	7	
ASSAULT - with or without weapon with serious injury or death (43 through 60 months)	5	<u>0</u> SCORE
2. ASSAULT OCCUR WITHIN LAST SIX MONTHS		
No	0	<u>0</u> SCORE
Yes	3	
3. SEVERITY OF CURRENT OFFENSE (Rate Most Serious)		
Low	0	
Moderate	1	
High	3	<u>4</u> SCORE
Highest	4	
4. PRIOR ASSAULTIVE OFFENSE HISTORY (Rate Most Serious)		
Low	0	
Moderate	1	
High	3	<u>0</u> SCORE
Highest	4	
SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)		
Close	10-14	
Maximum	15 or More	
(9 OR LESS, COMPLETE SCHEDULE B)		
5. ESCAPE HISTORY (WITHIN LAST 5 YEARS OF INCARCERATION)		
No escapes or attempts	-2	
Escape or attempt from minimum custody, no actual or threatened violence: over 1 year ago	0	
Escape or attempt from minimum custody, no actual or threatened violence: within the last year	1	
Escape or attempt from medium or above custody, or from minimum custody with actual or threatened violence: over 1 year ago	5	<u>-2</u> SCORE
Escape or attempt from medium or above custody, or from minimum custody with actual or threatened violence: within last year	7	
6. DISCIPLINARY REPORTS - GUILTY		
None in Last 18 Months	-4	
None in Last 12 Months	-2	
None in Last 6 Months	-1	
New Admission / Parole Violator	0	
One in Last 6 Months	1	<u>-2</u> SCORE
Two or More in Last 6 Months	4	
7. MOST SEVERE DISCIPLINARY RECEIVED (last 18 months)		
Class C	2	
Class B	5	<u>5</u> SCORE
Class A	7	
8. DETAINER / NOTIFICATION / CHARGE PENDING		
Misdemeanor	3	<u>5</u> SCORE
Felony	5	
9. PRIOR FELONY CONVICTIONS		
One	2	<u>0</u> SCORE
Two or More	4	
SCHEDULE B SCALE (sum of items 5 through 9)		
CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)		
Close	17 or More	
Medium	7 - 16	<u>10</u>
Minimum	6 or Less	
CAF Custody Level:		



TENNESSEE DEPARTMENT OF CORRECTION
MALE SEXUAL AGGRESSOR/SEXUAL VICTIM CLASSIFICATION SCREENING

TTCC
INSTITUTION

Pleasantbey, Boaz
RESIDENT NAME (Please Print)

473110
NUMBER

Cude
STAFF MEMBER(S) (Please Print)

4/5/19
DATE

SEXUAL VICTIM FACTORS

	YES	NO
1. Former victim of institutional (prison or jail) rape or sexual assault	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Youthful Age (25 or younger) or elderly (60 or older)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Small in physical stature (less than 5'5" and/or less than 150 lbs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Developmental disability/mental illness/medical issues which may contribute to victimization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. First incarceration ever (prison or jail)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Homosexual/Bi-sexual/Effeminate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. History of prior sexual victimization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. History of facility consensual sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Prior history of protective custody (adult or juvenile)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Conviction for sex offenses against an adult or child	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is the offender found to be a.

☐ VICTIM - If question #1 is answered yes, the offender is classified as a victim regardless of the other questions

☐ POTENTIAL VICTIM - If 3 or more of questions #2 - 10 are checked, the offender is classified as a potential victim.

☒ N/A - If 2 or less of questions # 2-10 are checked, the classification designations are Not Applicable (N/A).

Do you recommend another victim finding level? ☐ YES ☐ NO

If yes, which level is recommended? ☐ Potential Victim ☐ N/A ☐ Monitoring ☐ YES ☐ NO

Explanation:

MALE SEXUAL AGGRESSOR/SEXUAL VICTIM CLASSIFICATION SCREENING
continued

INSTITUTION

SEXUAL AGGRESSOR FACTORS

		<u>YES</u>	<u>NO</u>
1	Any history of institutional (<i>prison or jail</i>) sexual aggressor behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Current or prior rape conviction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Any history of sexual abuse/sexual assault toward others	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Any history of physical abuse toward others	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Any history of domestic violence toward others	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Confirmed gang affiliation	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is the offender found to be a:

☐ **SEXUAL AGGRESSOR** - If question #1 is yes, the offender is classified as a **sexual aggressor** regardless of the other questions.

Any resident classified as SEXUAL AGGRESSOR is to be monitored quarterly for a minimum of one calendar year and is to be re-evaluated for monitoring purposes at annual re-class.

☐ **POTENTIAL SEXUAL AGGRESSOR** - If 2 or more of questions #2 - 6 are checked, the offender is classified as a **potential sexual aggressor**.

☒ **N/A** - If 1 or less of questions # 2-6 are checked, the classification designations are Not Applicable (**N/A**).

Do you recommend another aggressor finding level? ☐ YES ☐ NO

If yes, which level is recommended?

☐ Potential Sexual Aggressor ☐ N/A ☐ Monitoring ☐ YES ☐ NO

☐ **LS/CMI Review (if available)** especially sections 1.8 and sections 2 (perpetrator and victim) and section 4 (other client issues)

Explanation:

SIMPGI01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 04/04/2018
TIME: 14:52:39
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: TURNEY CENTER INDUSTRIAL COMPLEX
COUNSELOR: SIMPLICE, GILDOR
CAF DATE: 04/04/2018

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7		
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5		

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST <i>Rare of Occ. 7/16/05</i>	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.	4
MAXIMUM 15 OR MORE.	

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE	
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7		

SIMPGI01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 04/04/2018
TIME: 14:52:39
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: TURNEY CENTER INDUSTRIAL COMPLEX
COUNSELOR: SIMPLICE, GILDOR
CAF DATE: 04/04/2018

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	----
NONE IN LAST 12 MONTHS	- 2	SCORE
NONE IN LAST 6 MONTHS	- 1	
NEW ADMISSION/PAROLE VIOLATOR	0	
ONE IN LAST 6 MONTHS	1	
TWO OR MORE IN LAST 6 MONTHS	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	2	----
CLASS B	5	SCORE
CLASS A	7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	3	----
FELONY	5	SCORE

PRIOR FELONY CONVICTIONS

ONE	2	----
TWO OR MORE	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

7

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

11

CLOSE 17 OR MORE.
MEDIUM 7-16.
MINIUMUM 6 OR LESS.

CAF CUSTODY LEVEL: MEDIUM

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: TURNEY CENTER INDUSTRIAL COMPLEX

CAF Date: 04/04/2018

Incompatibles: Yes ☒ No ☐ Inmate agrees to waive 48 hr. hearing notice: ☒

Scored CAF Range: MEDIUM Current Custody Level: MINIMUM RESTRICTED

Facility Assignment: TTLC Transfer: Yes ☒ No ☐ Explain Below:

Override Type:

Justification, Program Recommendations, and Summary:

Class A Job: Kitchen Helper Edu: GED: Cert.
STG: NO Exp: 8/8/30 PREA: N/A/N/A
Loc: 1 Exp: 8/8/30
Incumb: Stout (Osborne), Liz (Gara) NECK

Updated Photo Needed: Yes ☒ No ☐

Offender Signature: _____ Appeal: Yes ☒ No ☒ *HL*
If Yes, provide appeal & copy to Inmate _____

Panel Member Signatures:

Date: 4-4-18

Megan Taylor CT. [Signature] [Signature]
Chairperson Security Member Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

~~Approving Authority:~~

Signature John D. Baker Date 4/4/18 Approve ☒ Deny ☐

If denied, reasons include:



INMATE ACTION PLAN TO MEET THE RECOMMENDATIONS

TCIX
INSTRUCTION

Pleasant-Bey Boaz
INMATE NAME (please print)


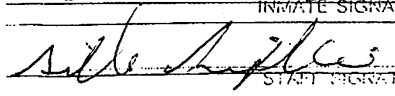
2473110
TDCJ ID NUMBER

Program Recommendation - Prioritized

1. Kitchen Helper
2. TA's CBIP
3. _____
4. _____
5. _____
6. _____

Inmates Action Plan to Meet the Recommendations	Target Start Date	Review Date	Completion Date
1. <u>Register for & Complete as available</u>	_____	<u>Reviewed Quarterly</u>	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Staff Action Plan to Meet the Above Recommendations	Completion Date
1. <u>Monitor Program Placement & Offender Progress</u>	<u>Ongoing</u>
2. _____	_____
3. _____	_____

	<u>4/4/18</u>
INMATE SIGNATURE	DATE
	<u>4/4/18</u>
STAFF SIGNATURE	DATE

BOWMJA02

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 02/28/2018
TIME: 11:32 AM

SCANNED

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: NORTHEAST CORRECTIONAL COMPLEX

Classification Type: CLASSIFICATION

CAF Date: 02/28/2018

Status at time of Hearing: Gen.Pop. ___ AS ___ PC ___ Other N4-22(PI)

Incompatibles: Yes ___ No / Inmate agrees to waive 48 hr. hearing notice: /

Scored CAF Range: MINIMUM

Current Custody Level: MINIMUM RESTRICTED

Panel's Majority Recommendation:

Facility Assignment: TCIX Transfer: Yes / No ___ Explain Below:

Custody Level: M.R.

Transfer to TCIX per request
of Classification Coordinator
Starnes.

Override Type: N/A

Justification, Program Recommendations, and Summary:

Transfer Reclass. CAF-3 MR Custody. Serving sentence of 23 years and 6 months.
SED: 2-8-2007. EXP: 8-8-2030. JOB: WSRT. EDU: GED. NO BDL/PREA/STG.
Class A LOC 1. Completed: ABIE. TAP REC: CBIP. Acquire job upon transfer to
TCIX, maintain a good level of conduct, and avoid disciplinarys.
NO Escapes. Detainer: Shelby County, Rape of a child (#070047), Felony, 2-22-2011.
Updated Photo Needed: Yes ___ No /

Offender Signature: [Signature] Appeal: Yes ___ No PRO
If Yes, provide appeal & copy to Inmate

Panel Member Signatures:

Date: 2/28/18

[Signature]
Chairperson

[Signature]
Security Member

[Signature]
Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

[Signature]
Signature

3-1-18
Date

Approve / Deny ___

If denied, reasons include: _____

BOWMJA02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/28/2018
TIME: 11:19:08
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: BOWMAN, JAMES
CAF DATE: 02/28/2018

SCANNED

HISTORY OF INSTITUTIONAL VIOLENCE N/A 0
ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) 3 -----
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ... 5 SCORE
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH
(LAST 42 MONTHS) 7
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH
(43 THROUGH 60 MONTHS) 5

ASSAULT OCCUR WITHIN LAST SIX MONTHS 0
NO N/A 0 -----
YES 3 SCORE

SEVERITY OF CURRENT OFFENSE 4
LOW 0 -----
MODERATE 1 SCORE
HIGH 3
HIGHEST Rape of a Child (2010) 4

PRIOR ASSAULTIVE OFFENSE HISTORY 0
LOW N/A 0 -----
MODERATE 1 SCORE
HIGH 3
HIGHEST 4

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4) 4
CLOSE 10-14.
MAXIMUM 15 OR MORE.

ESCAPE HISTORY - 2
NO ESCAPES OR ATTEMPTS N/A - 2 -----
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR
THREATENED VIOLENCE: OVER 1 YEAR AGO 0 SCORE
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR
THREATENED VIOLENCE: WITHIN THE LAST YEAR 1
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO 5
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR 7

BOWMJA02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/28/2018

TIME: 11:19:08

PAGE: 2

SCANNED

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: BOWMAN, JAMES
CAF DATE: 02/28/2018

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	2-23-2018 (Pending Invest.)	- 4	----
NONE IN LAST 12 MONTHS		- 2	SCORE
NONE IN LAST 6 MONTHS		- 1	
NEW ADMISSION/PAROLE VIOLATOR		0	
ONE IN LAST 6 MONTHS		1	
TWO OR MORE IN LAST 6 MONTHS	LIT 2-17-2011	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	N/A	2	----
CLASS B		5	SCORE
CLASS A		7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR		3	----
FELONY	Shelby County, Rape of a child (#070047), 2-22-2011	5	SCORE

PRIOR FELONY CONVICTIONS

ONE	N/A	2	----
TWO OR MORE		4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

- 1

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE	17 OR MORE.	----
MEDIUM	7-16.	----
MINIMUM	6 OR LESS.	

CAF CUSTODY LEVEL: MINIMUM

SCANNED

LAMKTH01

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 09/08/2017
TIME: 08:54 AM

14/52

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: NORTHEAST CORRECTIONAL COMPLEX

Classification Type: CLASSIFICATION

CAF Date: 09/08/2017

Status at time of Hearing: Gen.Pop. ☒ AS ☐ PC ☐ Other ☐

Incompatibles: Yes ☐ No ☒ Inmate agrees to waive 48 hr. hearing notice: ☐

Scored CAF Range: MINIMUM Current Custody Level: MINIMUM RESTRICTED

Panel's Majority Recommendation:

Facility Assignment: Nex Transfer: Yes ☐ No ☒ Explain Below:

Custody Level: Min Restricted

Override Type:

Justification, Program Recommendations, and Summary:

Annual Review cab 3 remain MR Serving 23 yrs 6 months SED: 2/6/07 Exp: 8/6/30
Ed/ Cash job/ work No Mental Health, Pen or sty, Class A Sec 1, Tap Rec: PSL5
Completed: ASE Guidelines for state ID. Minus job and current level of conduct

Updated Photo Needed: Yes ☐ No ☒

Offender Signature: [Signature] Appeal: Yes ☐ No ☒
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: Date: 9/12/17

P. Stanley, CC3 [Signature] [Signature]
Chairperson Security Member Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

[Signature] 9/27/17 Approve ☒ Deny ☐
Signature Date

If denied, reasons include:

SCANNED

LAMKTH01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 09/08/2017
TIME: 08:54:07
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: LAMKIN, THOMAS
CAF DATE: 09/08/2017

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7		
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5		

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	-----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST (2nd) Rape of a Child	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW None	0	-----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.		4
MAXIMUM 15 OR MORE.		

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS None	- 2	-----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE	
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7		

SCANNED

LAMKTH01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 09/08/2017
TIME: 08:54:07
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: LAMKIN, THOMAS
CAF DATE: 09/08/2017

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	..... <i>Last Disc: 11/9/14 VPR</i>	- 4	- 4
NONE IN LAST 12 MONTHS	.....	- 2	SCORE
NONE IN LAST 6 MONTHS	.....	- 1	
NEW ADMISSION/PAROLE VIOLATOR	.....	0	
ONE IN LAST 6 MONTHS	.....	1	
TWO OR MORE IN LAST 6 MONTHS	..... <i>Local Jail Transfer: 2/17/11</i>	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	..... <i>11/9/14 VPR</i>	2	0
CLASS B	.....	5	SCORE
CLASS A	.....	7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	.....	3	5
FELONY	..... <i>1 TN (PE)</i>	5	SCORE

PRIOR FELONY CONVICTIONS

ONE	..... <i>None</i>	2	0
TWO OR MORE	.....	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

- 1

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE	. . . . . 17 OR MORE.	-----	3
MEDIUM	. . . . . 7-16.	-----	
MINIMUM	. . . . . 6 OR LESS.	-----	

CAF CUSTODY LEVEL: MINIMUM

TENNESSEE DEPARTMENT OF CORRECTION
 OFFENDER CLASSIFICATION SUMMARY

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: NORTHEAST CORRECTIONAL COMPLEX

CAF Date: 08/26/2016

Status at time of Hearing: Gen.Pop. ✓ AS PC Other

Incompatibles: Yes__ No✓ Inmate agrees to waive 48 hr. hearing notice: _____

Scored CAF Range: MINIMUM Current Custody Level: MINIMUM RESTRICTED

Facility Assignment: NECX Transfer: Yes ☐ No ☒ Explain Below:

Custody Level: Min. Restricted

Override Type: _____

Justification, Program Recommendations, and Summary:

Criminal Reclass CAT score 3, remains M.R. Serving a 23yr
6 mon. sentence at 100%. SED: 2-8-07, EXP: 8-8-2030. Education/ED:
Jab/145PT. No Mental Health, PREA or SIF issues. Class A, 1st 1.
No Jail rec. due to length of sent. Eligible for a State ID. Currently
has a felony disclaimer. Continued job and other disciplines.
Updated Photo Needed: Yes No

Offender Signature: [Signature] Appeal: Yes No ✓
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: _____ Date: 9-6-16

Chairperson

Security Member

Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

Signature

Date _____

Approve ☒ Deny

If denied, reasons include:

STANPE01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 08/26/2016
TIME: 11:58:32
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: STANLEY, PERRIANN
CAF DATE: 08/26/2016

SCANNED

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7		
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5		

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	-----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST <i>2010 Rape of a Child</i>	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	-----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.			4
MAXIMUM 15 OR MORE.			

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	-----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE	
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7		

STANPE01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 08/26/2016
TIME: 11:58:32
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: STANLEY, PERRIANN
CAF DATE: 08/26/2016

SCANNED

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	...	<i>Last Disc. 2014 (C). Verbal.</i>	- 4	----
NONE IN LAST 12 MONTHS	.....		- 2	SCORE
NONE IN LAST 6 MONTHS	.....		- 1	
NEW ADMISSION/PAROLE VIOLATOR	.....		0	
ONE IN LAST 6 MONTHS	.....		1	
TWO OR MORE IN LAST 6 MONTHS	.....	<i>Local Jail. Transfer. 12-17-2011</i>	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	.....	<i>NONE</i>	2	----
CLASS B	.....		5	SCORE
CLASS A	.....		7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	.....		3	----
FELONY	.....	<i>2011 Shelby Co. Rape of a Child</i>	5	SCORE

PRIOR FELONY CONVICTIONS

ONE	.....	<i>NONE</i>	2	----
TWO OR MORE	.....		4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

- 1

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE	. . . . .	17 OR MORE.	3	----
MEDIUM	. . . . .	7-16.		----
MINIMUM	. . . . .	6 OR LESS.		----

CAF CUSTODY LEVEL: MINIMUM

CARTRO02

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 09/01/2015
TIME: 07:33 AM

SCANNED

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: NORTHEAST CORRECTIONAL COMPLEX

Classification Type: CLASSIFICATION

CAF Date: 09/01/2015

Status at time of Hearing: Gen.Pop. ☒ AS ☐ PC ☐ Other ☐

Incompatibles: Yes ☐ No ☒ Inmate agrees to waive 48 hr. hearing notice: ☐

Scored CAF Range: MINIMUM Current Custody Level: MEDIUM

Panel's Majority Recommendation:

Facility Assignment: NACX Transfer: Yes ☐ No ☒ Explain Below:

Custody Level: minimum Restricted

Override Type: N/A

Justification, Program Recommendations, and Summary:

annual review: no change - min. Rape of child, 23 years,
no real fact, exp 2030, NACX, in USK I, 12th grade - no felon, 5th,
etc. + meal, loc 1. Recommend inmate keep job, stay disciplinary
free.

Updated Photo Needed: Yes ☐ No ☒

Offender Signature: [Signature] Appeal: Yes ☐ No ☒
If Yes, provide appeal & copy to Inmate

Panel Member Signatures:

Date: 9.8.15

[Signature]
Chairperson

[Signature]
Security Member

[Signature]
Treatment Member
Melissa A. Swann, BSHS, medical
case manager

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

[Signature]
Signature

9/15/15
Date

Approve ☒ Deny ☐

If denied, reasons include:

CARTRO02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 09/01/2015

TIME: 07:33:13

PAGE: 1

SCANNED

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: DIXON, ANGEL
CAF DATE: 09/01/2015

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH	7		
(LAST 42 MONTHS)			
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH	5		
(43 THROUGH 60 MONTHS)			

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	-----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	-----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.			4
MAXIMUM 15 OR MORE.			

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	-----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR	0	SCORE	
THREATENED VIOLENCE: OVER 1 YEAR AGO			
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR	1		
THREATENED VIOLENCE: WITHIN THE LAST YEAR			
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN	5		
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO			
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN	7		
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR			

CARTRO02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 09/01/2015
TIME: 07:33:13
PAGE: 2

SCANNED

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: DIXON, ANGEL
CAF DATE: 09/01/2015

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	<i>Last 1/9/14</i>	- 4	----
NONE IN LAST 12 MONTHS		- 2	SCORE
NONE IN LAST 6 MONTHS		- 1	
NEW ADMISSION/PAROLE VIOLATOR		0	
ONE IN LAST 6 MONTHS		1	
TWO OR MORE IN LAST 6 MONTHS		4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C		2	----
CLASS B	<i>None</i>	5	SCORE
CLASS A		7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR		3	----
FELONY <i>Memphis</i>	<i>Felony</i>	5	SCORE

PRIOR FELONY CONVICTIONS

ONE		2	----
TWO OR MORE	<i>None</i>	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

- 1

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE 17 OR MORE.	3	----
MEDIUM 7-16.		----
MINIMUM 6 OR LESS.		----

CAF CUSTODY LEVEL: MINIMUM

CARDL001

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 08/27/2014
TIME: 11:05 AM

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: NORTHEAST CORRECTIONAL COMPLEX

Classification Type: CLASSIFICATION

CAF Date: 08/27/2014

Status at time of Hearing: Gen.Pop. ___ AS ___ PC ___ Other ___

Incompatibles: Yes ___ No ☒ Inmate agrees to waive 48 hr. hearing notice: ☒

Scored CAF Range: MEDIUM

Current Custody Level: MEDIUM

Panel's Majority Recommendation:

Facility Assignment: NECX Transfer: Yes ___ No ☒ Explain Below:

Custody Level: Medium

Override Type: _____

Justification, Program Recommendations, and Summary:

Annual Review. CAF 10 Rec. Medium. Serving 23 yrs. Rape of A Child
X1. SEP: 28/2007. EXP: 8/8/2030. Assigned to WERT. Completed ABEI.
NO TAP REC. NO MH OR PMA ISSUES. NO 5th Class A CC. NO escapes
Has detainer. Rec. continue w/ job & repair from disc.

Updated Photo Needed: Yes ☒ No ___ appearance

Offender Signature: Boaz Pleasant-Bey Appeal: Yes ___ No BPP
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: Date: 9/3/14

Mitch Reed Chairperson Sgt R. Bay Security Member J. Carden CC2 Treatment Member
Melissa A. Hawn medical case manager

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

Cileen Hayworth CCC Signature 9/9/14 Date Approve ☒ Deny ___

If denied, reasons include: _____

CARDL001

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 08/27/2014
TIME: 11:05:06
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: CARDEN, LOLA ELAINE
CAF DATE: 08/27/2014

HISTORY OF INSTITUTIONAL VIOLENCE

None 0
ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) 3 -----
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ... 5 SCORE
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH
(LAST 42 MONTHS) 7
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH
(43 THROUGH 60 MONTHS) 5

ASSAULT OCCUR WITHIN LAST SIX MONTHS

None 0
NO 0 -----
YES 3 SCORE

SEVERITY OF CURRENT OFFENSE

LOW 0 -----
MODERATE 1 SCORE
HIGH 3
HIGHEST *2010 Rape of A Child* 4

PRIOR ASSAULTIVE OFFENSE HISTORY

none 0
LOW 0 -----
MODERATE 1 SCORE
HIGH 3
HIGHEST 4

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14. 4
MAXIMUM 15 OR MORE.

ESCAPE HISTORY

none noted - 2
NO ESCAPES OR ATTEMPTS 0 -----
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR
THREATENED VIOLENCE: OVER 1 YEAR AGO 1
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR
THREATENED VIOLENCE: WITHIN THE LAST YEAR 5
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO 7
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR

CARDL001

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 08/27/2014
TIME: 11:05:06
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: NORTHEAST CORRECTIONAL COMPLEX
COUNSELOR: CARDEN, LOLA ELAINE
CAF DATE: 08/27/2014

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	- 2
NONE IN LAST 12 MONTHS <i>last guilty 8-5-13 PPV class C</i>	- 2	SCORE
NONE IN LAST 6 MONTHS	- 1	
NEW ADMISSION/PAROLE VIOLATOR	0	
ONE IN LAST 6 MONTHS	1	
TWO OR MORE IN LAST 6 MONTHS	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	2	5
CLASS B <i>5-31-13 Class B RCH</i>	5	SCORE
CLASS A	7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	3	5
FELONY <i>Rape of A Child (2010)</i>	5	SCORE

PRIOR FELONY CONVICTIONS

ONE <i>none</i>	2	0
TWO OR MORE	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

6

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE 17 OR MORE.	10
MEDIUM 7-16.	-----
MINIMUM 6 OR LESS.	-----

CAF CUSTODY LEVEL: MEDIUM

NBCX 1007

FULLR002

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 09/11/2013
TIME: 03:40 PM

SCANNED

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: WHITEVILLE CORRECTIONAL FACILITY

Classification Type: CLASSIFICATION CAF Date: 09/11/2013

Status at time of Hearing: Gen.Pop. ☒ AS ☐ PC ☐ Other ☐

Incompatibles: Yes ☐ No ☒ Inmate agrees to waive 48 hr. hearing notice: BB

Scored CAF Range: MEDIUM Current Custody Level: MEDIUM

Panel's Majority Recommendation:

Facility Assignment: NEUX Transfer: Yes ☒ No ☐ Explain Below:

Custody Level: Med

Override Type:

Justification, Program Recommendations, and Summary:

Offender received special awards to
NEUX to swap recommendation gen, 9/13
2012

Updated Photo Needed: Yes ☐ No ☒ pd: 2-18-11

Offender Signature: [Signature] Appeal: Yes ☐ No ☒
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: Date: 9-18-13

[Signature] [Signature] [Signature]
Chairperson Security Member Treatment Member

[Signature] [Signature] [Signature]
If panel member disagrees with majority recommend, state specific reasons:

Approving Authority: [Signature] 9-19-13 Approve ☒ Deny ☐
Signature Date

If denied, reasons include: [Signature]
9-20-13

FULLR002

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 09/11/2013
TIME: 15:40:48
PAGE: 1

SCANNED

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: WHITEVILLE CORRECTIONAL FACILITY
COUNSELOR: FULLER, ROSELAND
CAF DATE: 09/11/2013

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH	7		
(LAST 42 MONTHS)			
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH	5		
(43 THROUGH 60 MONTHS)			

Libl

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----	0
YES	3	SCORE	

Libl

SEVERITY OF CURRENT OFFENSE

LOW	0	-----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

Lotj

Rape of child (2010)

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	-----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

Lotj
Lulr

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE	10-14.	4
MAXIMUM	15 OR MORE.	

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	2	-----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR	0	SCORE	
THREATENED VIOLENCE: OVER 1 YEAR AGO			
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR	1		
THREATENED VIOLENCE: WITHIN THE LAST YEAR			
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN	5		
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO			
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN	7		
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR			

Lotj
Libl
Limd

Lotj: 2-17-11 / Colon: 6-10-13

FULLR002

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 09/11/2013
TIME: 15:40:48
PAGE: 2

SCANNED

TOMIS ID: 00473110 PLEASANT-BEV, BOAZ
SITE NAME: WHITEVILLE CORRECTIONAL FACILITY
COUNSELOR: FULLER, ROSELAND
CAF DATE: 09/11/2013

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	----	4
NONE IN LAST 12 MONTHS	- 2	SCORE	
NONE IN LAST 6 MONTHS	- 1		
NEW ADMISSION/PAROLE VIOLATOR.....	0		
ONE IN LAST 6 MONTHS	1		
TWO OR MORE IN LAST 6 MONTHS	4		

Libl

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	2	----	5
CLASS B	5	SCORE	
CLASS A	7		

Libl

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	3	----	5
FELONY	5	SCORE	

Lots

PRIOR FELONY CONVICTIONS

ONE	2	----	0
TWO OR MORE	4	SCORE	

Lots
Lots

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

12

Noic

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE 17 OR MORE.	----	16
MEDIUM 7-16.	----	
MINIMUM 6 OR LESS.		

CAF CUSTODY LEVEL: MEDIUM

HENSJO02

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 06/03/2013
TIME: 12:23 PM

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: HARDEMAN COUNTY CORRECTIONAL FACILITY

Classification Type: CLASSIFICATION

CAF Date: 06/01/2013

Status at time of Hearing: Gen.Pop. ___ AS ✓ PC ___ Other ___

Incompatibles: Yes ___ No ✓ Inmate agrees to waive 48 hr. hearing notice: BPB

Scored CAF Range: MEDIUM

Current Custody Level: MEDIUM

Panel's Majority Recommendation:

Facility Assignment: WCFA Transfer: Yes ✓ No ___ Explain Below:

Custody Level: MED

Override Type: _____

Justification, Program Recommendations, and Summary:

29 y/o B/m Serving 23.6 yrs - Exp: 8/8/2030

Refrain from disciplinary
Incomplete Rec: SOTF

Updated Photo Needed: Yes ___ No ✓ 2-18-2011

Offender Signature: Boaz Pleasant-Bey Appeal: Yes ___ No BPB
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: Date: 6/4/13

<u>Ummarten</u> Chairperson <u>WIKSAO3</u>	<u>Sgt. Wilkes</u> Security Member <u>WIKSAO3</u>	<u>Ym Janis</u> Treatment Member
--------------------------------------------------	---------------------------------------------------------	-------------------------------------

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

Signature

Date

Approve X Deny ___

If denied, reasons include: _____

LANILA01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 06/01/2013
TIME: 12:24:52
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
COUNSELOR: LANIER, LATRIVER
CAF DATE: 06/01/2013

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7		
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5		

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	-----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST Rape of a child (shelby) 2010	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	-----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE 10-14.			4
MAXIMUM 15 OR MORE.			

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	-----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE	
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7		

LANILA01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 06/01/2013
TIME: 12:24:52
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
COUNSELOR: LANIER, LATRIVER
CAF DATE: 06/01/2013

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	----	4
NONE IN LAST 12 MONTHS	- 2	SCORE	
NONE IN LAST 6 MONTHS	- 1		
NEW ADMISSION/PAROLE VIOLATOR	0		
ONE IN LAST 6 MONTHS	1		
TWO OR MORE IN LAST 6 MONTHS	4		

*RCA 5/10/13
IND 3/9/2013*

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	2	----	5
CLASS B	5	SCORE	
CLASS A	7		

RCA 5/10/13

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	3	----	5
FELONY	5	SCORE	

Felony - Memphis 2011

PRIOR FELONY CONVICTIONS

ONE	2	----	0
TWO OR MORE	4	SCORE	

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

12

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE 17 OR MORE.	16	----
MEDIUM 7-16.		----
MINIMUM 6 OR LESS.		----

CAF CUSTODY LEVEL: MEDIUM

Tennessee Department of Corrections
Hardeman County Correctional Facility

CLASSIFICATION HEARING NOTICE

Offender Name: Pleasant-Bey, Boaz Tomis #: 473110

THIS IS TO INFORM YOU THAT YOUR CLASSIFICATION HEARING

WILL BE HELD ON 2/20/13

AT THE HARDEMAN COUNTY CORRECTIONAL FACILITY.

INMATE SIGNATURE: Boaz Pleasant-Bey DOC#: 473110

Date of Notice: 2/18/13

Classification Sequence Number: _____ Classification Type: Annual

Serving Staff Signature: [Signature] Date: 2/18/13

CLASSIFICATION DATE: 02/22/2013

CCI 000169

WOODKI02

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 02/18/2013
TIME: 12:46 PM

Annual

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: HARDEMAN COUNTY CORRECTIONAL FACILITY

Classification Type: CLASSIFICATION ME137 CAF Date: 02/18/2013

Status at time of Hearing: Gen.Pop. ___ AS ___ PC ☒ Other ___

Incompatibles: Yes ___ No ☒ Inmate agrees to waive 48 hr. hearing notice: ___

Scored CAF Range: MEDIUM Current Custody Level: MINIMUM RESTRICTED

Panel's Majority Recommendation:

Facility Assignment: HCCF Transfer: Yes ___ No ☒ Explain Below:

Custody Level: MED

Override Type: ___

Justification, Program Recommendations, and Summary:

Short Term Goal: Refrain from disciplinary and get job.
Incomplete Recommendation: SOTR
Additional Recommendation: none

Updated Photo Needed: Yes ___ No ☒ 02/18/2011

Offender Signature: Boaz Pleasant-Bey Appeal: Yes ___ No BPA
If Yes, provide appeal & copy to Inmate

Panel Member Signatures: Date: 2/22/2013

A/Cmk Wood Sec. Member Ym J. Lani
Chairperson Woodki02 Security Member BPA02 Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority:

Signature

Date

Approve ☒ Deny ___

If denied, reasons include: ___

WOODKI02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/18/2013
TIME: 12:46:18
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
COUNSELOR: WOODS, KIZZIE
CAF DATE: 02/18/2013

HISTORY OF INSTITUTIONAL VIOLENCE 0
ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) 3 -----
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ... 5 SCORE
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH
(LAST 42 MONTHS) 7
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH
(43 THROUGH 60 MONTHS) 5

ASSAULT OCCUR WITHIN LAST SIX MONTHS 0
NO 0 -----
YES 3 SCORE

SEVERITY OF CURRENT OFFENSE 4
LOW 0 -----
MODERATE 1 SCORE
HIGH 3
HIGHEST 4
Rape of a Child Shelby Co 2010 (LSTC)

PRIOR ASSAULTIVE OFFENSE HISTORY 0
LOW 0 -----
MODERATE 1 SCORE
HIGH 3
HIGHEST 4

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4) 4
CLOSE 10-14.
MAXIMUM 15 OR MORE.

ESCAPE HISTORY - 2
NO ESCAPES OR ATTEMPTS 0 -----
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR
THREATENED VIOLENCE: OVER 1 YEAR AGO 1
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR
THREATENED VIOLENCE: WITHIN THE LAST YEAR 5
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO 7
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN
CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR

WOODKI02

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/18/2013
TIME: 12:46:18
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
COUNSELOR: WOODS, KIZZIE
CAF DATE: 02/18/2013

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	----
NONE IN LAST 12 MONTHS	- 2	SCORE
NONE IN LAST 6 MONTHS <i>P.C.A. 08/13/2012</i>	- 1	
NEW ADMISSION/PAROLE VIOLATOR	0	
ONE IN LAST 6 MONTHS	1	
TWO OR MORE IN LAST 6 MONTHS	4	

(LISC)

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C <i>P.C.A. 08/13/2012</i>	2	----
CLASS B	5	SCORE
CLASS A	7	

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	3	----
FELONY <i>shelby Co. Sheriff's Office</i>	5	SCORE

(LISC)

PRIOR FELONY CONVICTIONS

ONE	2	----
TWO OR MORE	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

4

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

8

CLOSE 17 OR MORE.	----
MEDIUM 7-16.	----
MINIMUM 6 OR LESS.	

CAF CUSTODY LEVEL: MEDIUM

Tennessee Department of Corrections
HARDEMAN COUNTY CORRECTIONAL FACILITY

CLASSIFICATION HEARING NOTICE

Offender Name: Boaz Pleasant - Bey TOMIS #: 473110THIS IS TO INFORM YOU THAT YOUR CLASSIFICATION HEARING WILL BE HELD ON
2-1-12 AT THE HARDEMAN COUNTY CORRECTIONAL
FACILITY.Inmate Signature: Boaz Pleasant - Bey TDOC # 473110Date of Notice: 1-29-12Classification Sequence Number: _____ Classification Type: AnnualServing Staff Signature: G. Woods Date: 1-29-12CLASSIFICATION DATE: 2-1-12

WOODTE01

TENNESSEE DEPARTMENT OF CORRECTION
OFFENDER CLASSIFICATION SUMMARY

DATE: 02/02/2012
TIME: 06:43 PM

TOMIS ID: 00473110
Offender Name: PLEASANT-BEY, BOAZ
Institution Name: HARDEMAN COUNTY CORRECTIONAL FACILITY

Classification Type: CLASSIFICATION CA-112 CAF Date: 01/29/2012

Status at time of Hearing: Gen.Pop. ☒ AS ☐ PC ☐ Other ☐

Incompatibles: Yes ☐ No ☒ Inmate agrees to waive 48 hr. hearing notice: ☐

Scored CAF Range: MINIMUM Current Custody Level: MEDIUM

Panel's Majority Recommendation:

Facility Assignment: HCCF Transfer: Yes ☐ No ☒ Explain Below:

Custody Level: MIR

Override Type:

Justification, Program Recommendations, and Summary:

Short term goals: Maintain positive behavior, obtain a GED.
Incomplete recommendation: SCPT
Additional recommendation: None.

Updated Photo Needed: Yes ☐ No ☒ 502-18-113

Offender Signature: [Signature] Appeal: Yes ☐ No ☒
If Yes, provide appeal & copy to inmate

Panel Member Signatures: Date: 2/1/12

[Signature] William G. Goss [Signature]
Chairperson Monitor Security Member Goss, Treatment Member [Signature]

If panel member disagrees with majority recommend, state specific reasons:

Approving Authority: [Signature] 2-28-12 Approve ☒ Deny ☐
Signature Date

If denied, reasons include: [Signature] 2-29-12

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
COUNSELOR: WOODS, TESS
CAF DATE: 01/29/2012

HISTORY OF INSTITUTIONAL VIOLENCE

ASSAULT. NO WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS)	3	-----	0
ASSAULT. WITH WEAPON, NO SERIOUS INJURY (LAST 18 MONTHS) ...	5	SCORE	
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (LAST 42 MONTHS)	7		
ASSAULT. WITH OR WITHOUT WEAPON WITH SERIOUS INJURY OR DEATH (43 THROUGH 60 MONTHS)	5		

ASSAULT OCCUR WITHIN LAST SIX MONTHS

NO	0	-----	0
YES	3	SCORE	

SEVERITY OF CURRENT OFFENSE

LOW	0	-----	4
MODERATE	1	SCORE	
HIGH	3		
HIGHEST <i>Base of a child's Shelby County Jail</i>	4		

PRIOR ASSAULTIVE OFFENSE HISTORY

LOW	0	-----	0
MODERATE	1	SCORE	
HIGH	3		
HIGHEST	4		

SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)

CLOSE	10-14.		4
MAXIMUM	15 OR MORE.		

ESCAPE HISTORY

NO ESCAPES OR ATTEMPTS	- 2	-----	- 2
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	0	SCORE	
ESCAPE OR ATTEMPT FROM MINIMUM CUSTODY, NO ACTUAL OR THREATENED VIOLENCE: WITHIN THE LAST YEAR	1		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: OVER 1 YEAR AGO	5		
ESCAPE OR ATTEMPT FROM MED OR ABOVE CUSTODY, OR FROM MIN CUSTODY WITH ACTUAL OR THREATENED VIOLENCE: WITHIN LAST YR	7		

WOODTE01

TENNESSEE DEPARTMENT OF CORRECTION
CLASSIFICATION CUSTODY ASSESSMENT FORM

DATE: 02/24/2012
TIME: 17:24:48
PAGE: 2

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: HARDEMAN COUNTY CORRECTIONAL FACILITY
COUNSELOR: WOODS, TESS
CAF DATE: 01/29/2012

DISCIPLINARY REPORTS - GUILTY

NONE IN LAST 18 MONTHS	- 4	----
NONE IN LAST 12 MONTHS	- 2	SCORE
NONE IN LAST 6 MONTHS	- 1	
NEW ADMISSION/PAROLE VIOLATOR	0	
ONE IN LAST 6 MONTHS	1	
TWO OR MORE IN LAST 6 MONTHS	4	

MOST SEVERE DISCIPLINARY RECEIVED

CLASS C	0	
CLASS B	2	----
CLASS A	7	SCORE

DETAINER/NOTIFICATION/CHARGE PENDING

MISDEMEANOR	5	
FELONY	3	----
	5	SCORE

PRIOR FELONY CONVICTIONS

ONE	0	
TWO OR MORE	2	----
	4	SCORE

SCHEDULE B SCALE (SUM OF ITEMS 5 THROUGH 9)

1

CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)

CLOSE 17 OR MORE.	5	
MEDIUM 7-16;	----	
MINIMUM 6 OR LESS.	----	

CAF CUSTODY LEVEL: MINIMUM

BI01MBB
054931

TOMIS
OFFENDER SENTENCE LETTER

DATE: 04/08/2020
TIME: 01:34
PAGE: 1

TOMIS ID: 00473110 PLEASANT-BEY, BOAZ
SITE NAME: TTCC TROUSDALE TURNER CORRECTIONAL CENTER
UNIT ID: WD1 CELL ID: 25 BED: A

SUMMARY CURRENT RELEASE DATA

SENTENCE EFFECTIVE DATE: 02/08/2007
RELEASE ELIGIBILITY DATE:
PRESUMED PROBATIONARY PAROLE DATE:
PRESUMED REGULAR PAROLE DATE:
MANDATORY PAROLE DATE:
EXPIRATION DATE: 08/08/2030
FULL EXPIRATION DATE: 08/08/2030

TOTAL MAXIMUM SENTENCE: 23 YEARS 6 MONTHS 0 DAYS
TOTAL MINIMUM SENTENCE: 0 YEARS 0 MONTHS 0 DAYS
OUT TO COURT: Y UNPROCESSED ADDITIONAL SENTENCES: N

COUNTY/JURIS: SHELBY YR: 2010 CASE #: 0700471 COUNT: 1
OFFENSE: RAPE OF A CHILD
OFFENSE DATE: 07/16/2005 WAIVER DATE: SID: 07/19/2010
BOP DATE: CUSTODIAL PAROLE: CONVICTION CLASS: A
SENTENCE LAW: 1194
SENTENCE OFFENDER TYPE: RANGE PERCENT: 0.0
BEHAVIOR: 0 PPSC CREDITS: 0 NET LOSS GCC: 0
PROGRAM: 0 DEAD TIME: 0 DISCIPLINARY EXT %: 0
PRETRIAL JAIL: 1,257 DELNQT TIME: 0 EXT YEARS: 0
PRETRIAL BHVR: 0 STREET TIME: 0 EXT MONTHS: 0
MAXIMUM SENTENCE: 23 YEARS 6 MONTHS 0 DAYS EXT DAYS: 0
MINIMUM SENTENCE: 0 YEARS 0 MONTHS 0 DAYS



TENNESSEE DEPARTMENT OF CORRECTION

RISK/NEEDS ASSESSMENT REFUSAL

Date: 3/12/19 Location: EA 205

Offenders Name: Lonnie Pearson Bay TDOC Number: 473110

Assessor Name: R. Jones

Reason for refusal: declined

I understand that the Public Safety Act of 2016 requires that all TDOC inmates and offenders participate in and complete a Risk/Needs Assessment. Despite that, as indicated by my signature below, I choose to not participate in the process to complete my RNA. As a result of my decision to not participate, I may not be able to receive programming which could prepare me for success upon release from TDOC supervision.

[Signature]
Offender Signature

3/12/19
Date

R. Jones
Assigned Counselor / Assessor Signature

CR4169

DUPLICATE AS NEEDED

RDA1167

DNA BLOOD ANALYSIS REQUEST SUBMISSION INFORMATION

Nashville
901 R. S. Gass Blvd.
Nashville, TN 37216-2639
615-744-4000

Requesting Individual/Agency <i>Warden Steward</i>		Phone No. <i>384/11</i>	Fax No. ()
Address <i>P.O. Box 1150 Henning, TN</i>			
Type of Offense <i>rape of a child</i>	Date of Conviction <i>12/29/2010</i>	County of Conviction <i>Shelby</i>	
SUBJECT INFORMATION PLEASE PRINT			
LAST <i>Plascent-Bey</i>	FIRST <i>Beez</i>	MIDDLE	Race <i>B</i> Sex <i>M</i>
DOB <i>6-18-83</i>	SSN	St. Mmate No. <i>473110</i>	Other ID No.
COLLECTION INFORMATION			
Date Collected <i>2/18/11</i>	Collected By (Name) <i>Alexander K. Beebe</i>	Title <i>RA</i>	
Address	City	State	Zip Phone No.

LABORATORY USE ONLY	
Received From _____	
Received By _____	Date Received / /
TBI DNA No. _____	Redraw Required _____
BI-0105 (Rev. 5/00)	

Original: Submit with Blood Collection Kit

Copy: Retained by agency drawing blood

RDA PENDING



CR
=

OFFENDER NAME Roar Pleasant-Bey 473110

I have completed the orientation program of this institution. I have been advised of the program's activities and privileges available to me.

I have been issued a copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☒ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS (CHECK ONLY IF APPLICABLE)
- ☒ PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS (CHECK ONLY IF APPLICABLE)

I have viewed:

- ☒ VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ☒ ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

I have been informed of:

- ☒ THE REQUIREMENTS TO PURCHASE A STATE ISSUED IDENTIFICATION CARD PRIOR TO RELEASE

[Signature]
Offender Signature

3/9/20
Date

[Signature]
Offender Representative

3/9/20
Date

[Signature]
Correctional Counselor

3/9/20
Date

[Signature]
Clinical Service Designee

3/20/2020
Date

[Signature]
Associate Warden of Treatment/Chief Counselor

4-3-2020
Date

CR-2110 (Rev. 12-17)

Duplicates Needed

RDA 1100

Distribution: Original - Inmate Institutional Record

Emergency Notification Form

Inmate Name Boaz Pleasant Bey

Inmate TDOC: 473110

Contact In Case Of An Emergency:

Name: _____

Relationship: _____

Address: _____

Telephone Number: _____

Comments: _____

Business, 800 or 900 numbers, numbers with long distance service, are NOT allowed to be monitored and Clergy numbers (if any, allowed)

	NAME	RELATION	Address	City, St Zip code	Area Code & Phone #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I understand that all inmate telephone calls made from Trousdale Turner Correctional Center (TTCC) may be monitored and/or recorded. Attorney and Clergy numbers at TTCC are NOT recorded or monitored, they are considered private. For these numbers to be marked accordingly the paperwork must be filled out correctly and will be verified before being marked private.

I voluntarily consent to monitoring and/or recording of my calls and realize that any monitoring and/or recorded telephone conversation that I am involved in may be used as evidence in administrative as well as criminal proceedings against myself and others.

I understand I may only make telephone calls up to 10 (ten) numbers that I have listed above. I will be allowed to make changes to the above list on the quarterly schedule determined by TTCC. It is further understood that it is my responsibility to inform the called party that telephone conversations are subject to being monitored or recorded.

I have read, understand and agree to the above

Inmate Name _____ Tom's # _____
Inmate Signature _____ Date _____

Staff Witness Name _____ Date _____
Staff Witness Signature _____

Property of CCA Trousdale Turner Correctional Center

(A)

Out to Court Disposition Summary

To: Classification Committee

From: Clm Milan

Date: 3/9/20

TDOD Number: 473110

Offender Name: Boaz Pleasant-Bey

Sentencing Court: Criminal

Sentencing County: Shelby

Reason for Out to Court: Federal Law Suit

Disposition: Set date for motion / trial

Classification Committee

Chairperson

Date

Security*

Date

Behavioral Health Designee

Date

*Security member signature needed if an additional sentence is received.

TDOC

Menu

Victim Screening for 00473110 - BOAZ PLEASANT-BEY for Screening Date: 03/10/2020

Aggressor
Screening**Sexual Victim Factors**

Whether the inmate is a former victim or institutional (prison or jail) sexual abuse ☐ Yes ☒ No

Whether the inmate has a mental, physical, or development disability ☐ Yes ☒ No

The age of the inmate (24 or younger or elderly, 60 or older) ☐ Yes ☒ No

The physical build of the inmate (5'5" and/or less than 150 pounds) ☐ Yes ☒ No

Whether the inmate has previously been incarcerated ☐ Yes ☒ No

Whether the inmate's criminal history is exclusively non-violent ☐ Yes ☒ No

Whether the inmate has prior convictions for sex offenses against an adult or child ☒ Yes ☐ No

Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming ☐ Yes ☒ No

Whether the inmate has previously experienced sexual victimization ☐ Yes ☒ No

The inmate's own perception of vulnerability ☐ Yes ☒ No

Whether the inmate is detained solely for civil immigration purposes ☐ Yes ☒ No

Sexual Victim Finding

Offender has been screened as a: ☐ Victim ☐ At Risk ☒ N/A

Recommended Finding Level

Offender should be modified to: ☐ Victim ☐ At Risk ☐ N/A

Mental Health Referral

Should offender be referred to mental health for evaluation? ☐ Yes ☒ No

Comments

TDOC

Menu

Aggressor Screening for 00473110 - BOAZ PLEASANT-BEY for Screening Date: 03/10/2020

Victim
Screening**Sexual Aggressor Factors**

History of prior institutional (jail or prison) sexual abuse ☐ Yes ☒ No
 Prior acts of sexual abuse ☒ Yes ☐ No
 Prior acts of violent offenses ☒ Yes ☐ No
 History of prior institutional violence ☐ Yes ☒ No

Sexual Aggressor Finding

Offender has been screened as a: ☐ Aggressor ☒ At Risk ☐ N/A

Recommended Finding Level

Offender should be modified to: ☐ Aggressor ☐ At Risk ☐ N/A

Monitoring

Should Offender be monitored? ☒ Yes ☐ No

Explanation:

OFFENDER HAS A PRIOR AND/OR CURRENT SEX CONVICTION FOR RAPE OF A CHILD.

Mental Health Referral

Should offender be referred to mental health for evaluation? ☐ Yes ☒ No

Comments

Request for Taxpayer
Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)
Pleasant-bey Boaz
(Business name (Sole proprietors see instructions on page 2))

Please check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ☐

Address (number, street, and apt. or suite no.)
P.O. BOX 1150
City, state, and ZIP code
HENNING, TENN. 38041-1150

Requester's name and address (optional)

Taxpayer Identification Number (TIN)
Your TIN in the appropriate box. For individuals, this is your social security number (1). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a TIN, see How To Get a TIN below.
If the account is in more than one name, attach on page 2 for guidelines on whose to enter.

Social security number
213-04-6373
OR
Employer identification number

Part I For Payees Exempt From Backup Withholding (See Part II instructions on page 2)
☐

Certification

Under penalties of perjury, I certify that:

the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Exception instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the sale or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments of interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)

Signature [Signature]

Date 02/25/11

References are to the Internal Revenue

Form.—A person who is required to file a return with the IRS must get a TIN to report income paid to you, transactions, mortgage interest you receive, or cancellation of debt, or contributions to an IRA. Use Form W-9 to give your TIN to the requester (the person to whom you are giving it) and, when applicable, (1) to the IRS if you are giving it correct (or you are waiting for a number to be issued), (2) to the IRS if you are not subject to backup withholding, exemption from backup withholding, or you are an exempt payee. Giving a TIN and making the appropriate certification prevent certain payments from being subject to backup withholding.

For a TIN, you must use the TIN if it is substantially similar to the

certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

above (for reportable interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part I instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate instructions for the Requester of Form W-9.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not

Note: Writing "Applied For" on the form means that you have already applied for a TIN OR that you intend to apply for one soon.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

Penalties

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information With Respect to Withholding.—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information.—Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name.—If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name.

Sole Proprietor.—You must enter your individual name. (Enter either your SSN or EIN in Part I.) You may also enter your business name or "doing business as" name on the business name line. Enter your name as shown on your social security card and business name as it was used to apply for your EIN on Form SS-4.

Part I—Taxpayer Identification Number (TIN)—You must enter your TIN in the appropriate box. If you are a sole proprietor, you may enter your SSN or EIN. Also see the chart on this page for their clarification of name and TIN combinations. If you do not have a TIN, follow instructions under How To Get a TIN on page 1.

Part II—For Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations exempt from backup withholding for certain payments, such as interest and dividends. For a complete list of exempt payees, see the separate instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form. If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester a completed Form W-8, Certificate of Foreign Status.

Part III—Certification

For a joint account, only the person whose TIN is shown in Part I should sign.

1. Interest, Dividend, and Barter Exchange Accounts Opened Before 1983 and Broker Accounts Considered Active During 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, Dividend, Broker, and Barter Exchange Accounts Opened After 1983 and Broker Accounts Considered Inactive During 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real Estate Transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other Payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified of an incorrect TIN. Other payments include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services, payments to a nonemployee for services (including attorney and accounting fees), and payments to certain fishing boat crew members.

5. Mortgage Interest Paid by You, Acquisition or Abandonment of Secured Property, Cancellation of Debt, or IRA Contributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are

required to file a tax return. Payors must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
b. So-called trust account that is not a legal or valid trust under state law	The actual owner
5. Sole proprietorship	The owner
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner
7. A valid trust, estate, or pension trust	Legal entity
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

* List first and circle the name of the person whose number you furnish.

* Circle the minor's name and furnish the minor's SSN.

* You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN.

* List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



Level of Service/Case Management Inventory

By D. A. Andrews, Ph.D., J. L. Bonta, Ph.D., & J. S. Wormith, Ph.D.

Profile Report

Name:	Boaz Pleasant-bey
ID Number:	00473110
Assessment Age:	27
Gender:	Male
Interviewer:	Deborah Humphreys
Reason for Assessment:	Institution: Specification
Interview Date:	March 01, 2011 (Online)

Client-Based/Clinical Override: No

Administrative/Policy Override: No

*Recommend: Unable to do Tap TBS owed to
no time release*



MHS

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ver. 2

Introduction

The LS/CMI is a risk and need assessment tool. This report summarizes the results of the LS/CMI administration and provides information pertinent to the assessment of the individual. The results of this inventory can be used in formulating a case management plan for Boaz Pleasant-bey. See the LS/CMI User's Manual, published by MHS, for more information about this instrument and its applications.

Caution: This computerized report is an interpretive aid and should not be given to the client. The LS/CMI is not intended to be the only instrument used to assess the level of service required by an individual, nor is the LS/CMI to be used as a substitute for sound judgement that utilizes various sources of information.

Offender History Information

Boaz Pleasant-bey is a 27-year-old, male offender who was assessed by Deborah Humphreys on March 01, 2011. The context of this assessment was the specification. The following information summarizes Boaz Pleasant-bey's offence history.

Criminal History Sources

The following sources were listed for this assessment:

1. See LHSM
- 2.
- 3.

Current Offence(s)

No current offences were recorded.

Total aggregate sentence: No information was provided concerning Boaz Pleasant-bey's total aggregate sentence.

Prior Offence(s)

No prior offences were recorded.

Circumstances of Current Offence(s)

No information regarding the circumstances of the current offence was recorded.

Co-accused

No information regarding co-accused was recorded.

Court Disposition and Recommendations/Probation Conditions

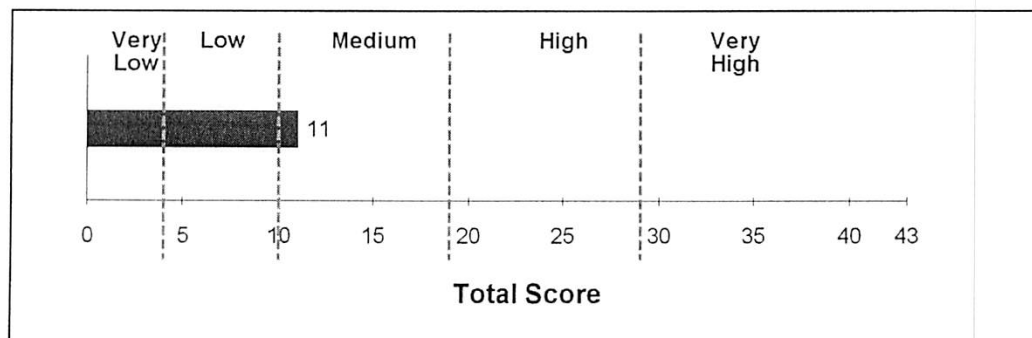
No court dispositions or recommendations were recorded.

Section 1: General Risk/Need Factors

The General Risk/Need score reflects the literature's "big eight" risk/need factors (i.e., Criminal History, Education/Employment, Family/Marital, Leisure/Recreation, Companions, Alcohol/Drug Problem, Procriminal Attitude/Orientation, and Antisocial Pattern). The General Risk/Need score can be used in determining Boaz Pleasant-bey's level of supervision.

LS/CMI General Risk/Need Total Score

The graph below displays Boaz Pleasant-bey's General Risk/Need Total score and indicates the classification level associated with that score.



General Risk/Need Assessment Based on General Risk/Need Total Score

The General Risk/Need Total score of 11 places Boaz Pleasant-bey in the Medium risk/need level. Based on past research with other inmates in the Medium risk/need level, Boaz Pleasant-bey has approximately a 28% chance of recidivating (i.e., being re-incarcerated within one year). The following guidelines represent some supervision options: Consider early release or community residential placement with short-term treatment.

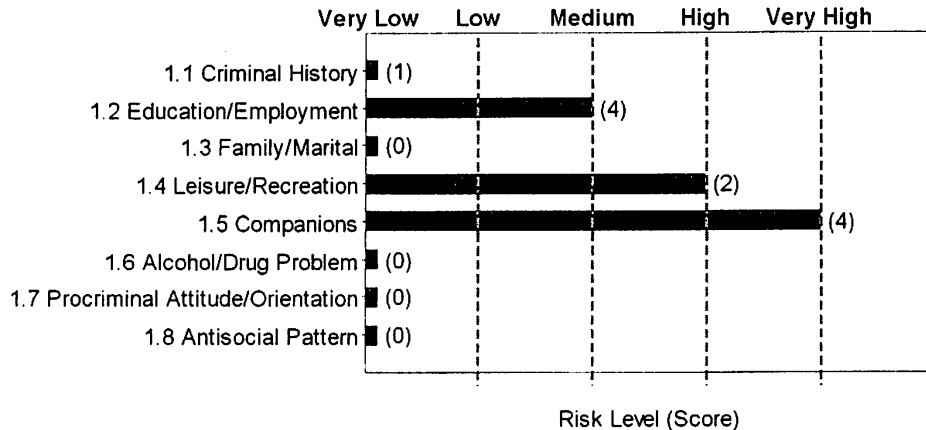
Comparison to North American Adult Male Inmates

Boaz Pleasant-bey's score is as high or higher than 8.5% of the normative group* of Adult Male Inmates in North America.

*Note: For details on the normative group, see chapter 4 of the LS/CMI User's Manual.

Assessment of General Risk/Need Factors

The graph below displays Boaz Pleasant-bey's risk level for each General Risk/Need subcomponent.



Profile Summary

5 subcomponents were assessed as Very Low risk:

- 1.1 Criminal History
- 1.3 Family/Marital
- 1.6 Alcohol/Drug Problem
- 1.7 Procriminal Attitude/Orientation
- 1.8 Antisocial Pattern

No subcomponents were assessed as Low risk.

One subcomponent was assessed as Medium risk:

- 1.2 Education/Employment

One subcomponent was assessed as High risk:

- 1.4 Leisure/Recreation

One subcomponent was assessed as Very High risk:

- 1.5 Companions

General Risk/Need Subcomponent Areas of Strength

Each of the eight General Risk/Need subcomponents has been judged by the assessor as to whether or not it represents an area of strength for Boaz Pleasant-bey. Research has shown that some conditions (i.e., strengths), by virtue of their presence, may serve as protective factors and actively reduce the chances of antisocial conduct. A subcomponent rated as a strength indicates that the circumstances of level of functioning for that subcomponent are so positive that they may reduce the influence of existing risk factors. Boaz Pleasant-bey's strengths should be built upon in service planning.

No subcomponents were identified as areas of strength for Boaz Pleasant-bey.

Details Regarding Subcomponent Risk/Need

This is a list of all endorsed items as well as any notes relating to the subcomponent. An item is considered to be endorsed if it received a "Yes" rating or a rating of 0 or 1 on the following rating scale:

- 3 A satisfactory situation with little opportunity or need for improvement.
- 2 A relatively satisfactory situation, with some room for improvement evident.
- 1 A relatively unsatisfactory situation with a need for improvement.
- 0 A very unsatisfactory situation with a very clear and strong need for improvement.

1.1 Criminal History

6. Ever incarcerated upon conviction: Yes.

Notes: No notes were recorded for this subcomponent.

1.2 Education/Employment

- 9. Currently unemployed: Yes.
- 15. Participation/performance: 0.
- 16. Peer interactions: 0.
- 17. Authority interaction: 0.

Notes: No notes were recorded for this subcomponent.

1.3 Family/Marital

No Family/Marital items were endorsed.

Notes: No notes were recorded for this subcomponent.

1.4 Leisure/Recreation

- 22. Absence of recent participation in an organized activity: Yes.
- 23. Could make better use of time: 0.

Notes: No notes were recorded for this subcomponent.

1.5 Companions

- 24. Some criminal acquaintances: Yes.
- 25. Some criminal friends: 0.
- 26. Few anticriminal acquaintances: Yes.
- 27. Few anticriminal friends: 0.

Notes: No notes were recorded for this subcomponent.

1.6 Alcohol/Drug Problem

No Alcohol/Drug Problem items were endorsed.

Notes: No notes were recorded for this subcomponent.

1.7 Procriminal Attitude/Orientation

No Procriminal Attitude/Orientation items were endorsed.

Notes: No notes were recorded for this subcomponent.

1.8 Antisocial Pattern

No Antisocial Pattern items were endorsed.

Notes: No notes were recorded for this subcomponent.

Summary of General Risk/Need Item Responses

The assessor entered the following response values for the LS/CMI General Risk/Need section.

Item	Response	Item	Response	Item	Response
1	No	20	3	39	No
2	No	21	No	40	No
3	No	22	Yes	41	No
4	No	23	0	41a	No
5	No	24	Yes	41b	Yes
6	Yes	25	0	41c	No
7	No	26	Yes	41d	No
8	No	27	0	42	No
9	Yes	28	No	42a	No
10	No	29	No	42b	No
11	No	30	3	42c	No
12	No	31	3	43	No
13	No	32	No	43a	0
14	No	33	No	43b	No
15	0	34	No	43c	No
16	0	35	No	43d	No
17	0	36	3	43e	No
18	3	37	3	43f	No
19	3	38	No	43g	Yes
				43h	Yes

Additional Item Information

- 1. Number of Youth dispositions: Not Specified
- 1. Number of Adult convictions: Not Specified
- 4. Number of present offences: 1
- 7. Number of times punished for institutional misconduct: Not Specified
- 31. Type of drug(s) used: Not Specified
- 35. Specify: Not Specified
- 43b. Number: Not Specified

Summary of Omitted Responses

No General/Risk Need Factor items were omitted.

Section 2: Specific Risk/Need Factors

The Specific Risk/Need Factors section derives from a review of the research literature. It pinpoints items that may not apply to the general offender population. When "specific" items occur in a given case, they may take a prominent role in the assessment of this offender's risk. Note that the items are **not** summed for a total Specific Risk/Need score. Rather, the endorsement of any item should be considered in planning Boaz Pleasant-bey's case management plan.

Personal Problems with Criminogenic Potential

This section focuses on specific attributes and personal characteristics that may be particularly indicative of specific criminogenic needs. Items that were given "Yes" responses for this section are shown below:

8. Inappropriate sexual activity.

History of Perpetration

This section includes a series of historical items that might constitute specific static risk factors. Note that the items refer to history and not simply to the current offence. Items that were given "Yes" responses for this section are shown below:

2. Sexual assault, extrafamilial, child/adolescent - female victim.
9. Physical assault, intrafamilial - child/adolescent victim.

Section 3: Prison Experience - Institutional Factors

This section samples items that institutional classification staff have identified as crucial considerations over-and-above the General Risk/Need level and the other sections of the LS/CMI. The endorsement of any item should be considered when developing Boaz Pleasant-bey's case management plan.

Past Incarceration:

Items that were given "Yes" responses for this section are shown below:

2. Last classification medium.

Present Incarceration:

Items that were given "Yes" responses for this section are shown below:

No present incarceration factors were endorsed for Boaz Pleasant-bey.

Barriers to release

Items that were given "Yes" responses for this section are shown below:

No barriers to Boaz Pleasant-bey's release were endorsed.

Section 4: Other Client Issues (Social, Health, and Mental Health)

This section includes supplementary information that may impact on Boaz Pleasant-bey's classification and case management decisions. Note that the items are not summed for a total score. Items that were given "Yes" responses for this section are shown below:

1. Financial problems.

Section 5: Special Responsivity Considerations

This section samples some of the dominant responsivity considerations in clinical research and correctional opinion. Responsivity factors are considerations that may impact upon choice of the most appropriate style and mode of service. Note that the items are not summed for a total score.

No special responsivity considerations were endorsed for Boaz Pleasant-bey.

Section 6: Risk/Need Summary and Override

Score-Based General Risk/Need Level

Medium

Client-Based/Clinical Override

The client-based/clinical override was not used.

Administrative/Policy Override

The Administrative/Policy override was not used.

No reason for using the Administrative/Policy override was specified.

Final Risk/Need Level

Medium

Section 7: Risk/Need Profile

The Risk/Need Profile information is presented in the sections of this report entitled "LS/CMI General Risk/Need Total Score" and "Assessment of General Risk/Need Factors."

Section 8: Program/Placement Decision

Recommendation/Decision: Medium
Release Recommended: Not Specified
Institutional Placement: None Specified
Comments: None Specified

Summary of Findings: None Specified

Date Printed: Tuesday, March 01, 2011

End of Report (Assessment # 66573)

Identification Number and Certification

NOT send to IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

1. Pleasant-Bey, B. 473115

Business name (Sole proprietors see instructions on page 2.)

P.O. BOX 5000

Address (number and street)

5249 HWY. 67 W

City, State, and ZIP code

MOUNTAIN CITY, TN. 37683

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How To Obtain a TIN, below.

Social security number

473115

OR

Employer identification number

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II For Payees Exempt From Backup Withholding (See instructions on page 2.)

Requester's name and address (optional)

Certification.—Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Signing the Certification on page 2.)

Please Sign Here

Signature

Pleasant-Bey

Date

9-25-13

(Section references are to the Internal Revenue Code.)

Purpose of Form.—A person who is required to file an information return with the IRS must obtain your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN) and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

How To Obtain a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

To complete Form W-9 if you do not have a TIN, write "Applied for" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have

60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

Note: Writing "Applied for" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

What Is Backup Withholding?—Persons making certain payments to you are required to withhold and pay to the IRS 20% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends,

broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS notifies the requester that you furnished an incorrect TIN, or
3. You are notified by the IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You fail to certify to the requester that you are not subject to backup withholding under (3) above (for reportable interest and dividend accounts opened after 1983 only), or
5. You fail to certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in (5) above, other reportable payments are subject to backup withholding only if (1) or (2) above applies. Certain payees and payments are exempt from backup withholding and information reporting. See Payees and Payments Exempt From

INITIAL CLASSIFICATION/IMMEDIATE FAMILY LIST

INMATE NAME Boaz Pleasant-bey TDOC # 473110

[illegible]



State of Tennessee
DEPARTMENT OF CORRECTION
WEST TENNESSEE STATE PENITENTIARY
P.O. BOX 1150
HENNING, TENNESSEE 38041-1150
TELEPHONE (731) 738 - 5044 FAX (731) 738 - 5947

VISITATION HANDBOOK RECEIPT

I, Boaz Pleasant Beej 173110
Inmate name TDOC Number

Do hereby acknowledge that I have received a copy of the West Tennessee State Penitentiary Visitation Handbook.

[Signature]
Inmate Signature

2/17/11
Date

IRC Henning
Staff Member Signature

2/17/11
Date